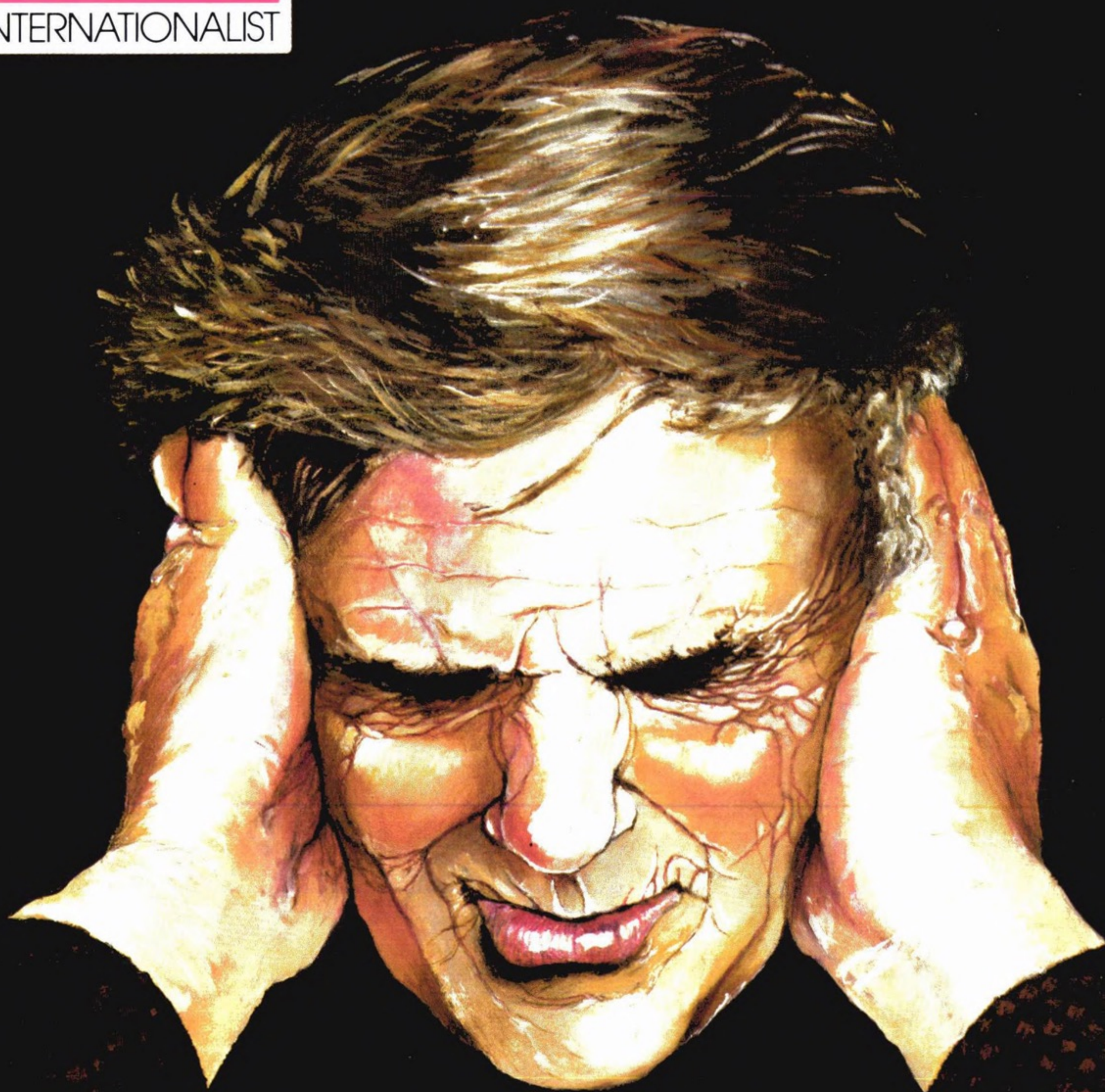


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THE FEAR OF MADNESS

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'CAN'T find directory.' The computer was speaking to me. Computers only speak to me when something's gone wrong. It was refusing to obey my commands. In fact it had eaten this magazine.

That was a few weeks ago, Good Friday, when it wasn't much more than bits of paper and a computer disk. So I went to the doctor with my disk. 'Doctor,' I said, 'the computer has eaten my magazine.'

'Oh dear,' he said, the slightest hint of a wry smile playing around his lips. 'Let's see what we've got here.' He took it into his surgery. I sat anxiously in the waiting room. What had I done wrong? Should I have written MADNESS on the disk? Was that needlessly provocative? Was this some kind of revenge? Computers are always right...

But not in this case – the computer *had* done something to itself. My dozen or so neat files (articles for the magazine) were now 60 'chains', random chunks of

text strewn about the place. Somehow I'd have to put them back together again.

Some magazine themes, I suspect, take on a life of their own. They are monsters, the Houdinis of journalistic treatment, forever struggling to escape. If you tie them down they squeeze out when you aren't looking and head off in directions you didn't mean to go. It's tempting to follow, especially when your subject is madness.

Many of my friends will probably not be happy that I've resurrected the arcane term 'madness'. They are interested mostly in mental health and they work with great skill and energy to promote it. But I know most of them now feel that they are up against largely political odds, that few people care. I think the general lack of support for their work has more to do with fear – fear of mentally-ill people and fear of madness itself. And it's that fear which this issue of the **NI** seeks to tackle.

By nature I'm a sentimental romantic. I spend too much time thinking about things as I want them to be, trying to make them into a story ('a romance') that never quite fits the facts. But I don't think it's just sentimental to imagine that the thousands of people who spend so many lonely years in institutions for the 'insane' are in some way sacrificial –

hostages given to madness so that the rest of us can get on with our lives. We can believe we are sane *so long as we are not like them*.

And to be honest, if mad people must be locked away (whether in institutions or in a drugged stupor), I'd be much happier locking up the psychopaths, megalomaniacs and power-crazed, self-seeking lunatics who want to rule the world (and all too often do) than the captives we let madness take day by day without a second thought.

Anyway here it is, the MADMAG, as it's been dubbed during the production process. Two people, David Kessler and Suman Fernando, both psychiatrists, have been more help with it than perhaps they know. With just a few days left before we go to print, I hope it doesn't have any more stunts up its sleeve, one final bid to make for freedom.

David Ransom.

David Ransom
for the New Internationalist co-operative

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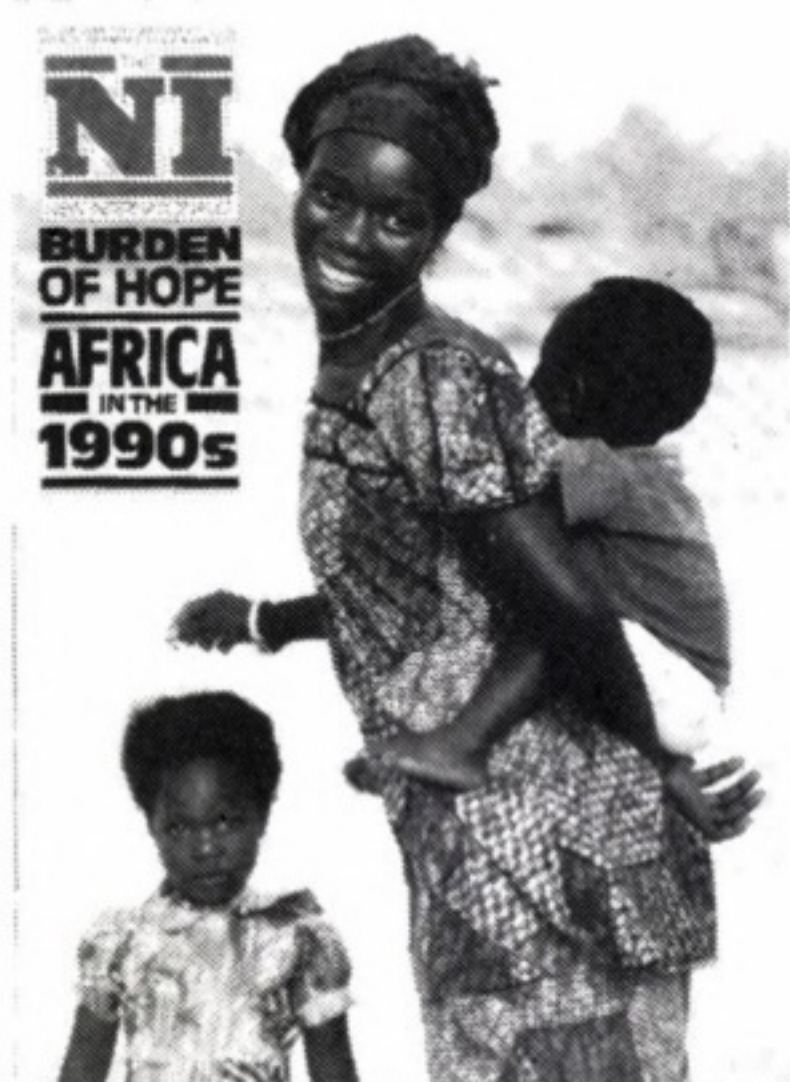
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Sharing spirit

In your struggle to dig up hope for *Africa in the 1990s* (NI 208) you gave naive solutions. Of course the continent needs greater democracy. But you ignore the power struggles between ethnic



groups and the widespread practice of nepotism – which have soured democracy in the past. Democratic rule can only become a reality when African people place their interests as individuals and communities before kinship bonds. This is possible. In the harsh terrain of north-eastern Sudan, the Rashida and the Beja nomads compete for scarce resources. They only survive by acknowledging their common interests and ultimately, by co-operating. The Beja nomads even coin the word *silif*, to connote this sharing. It might just be that the best way forward in Africa is by building on the spirit of *silif*.

Sally Gifford
Aberdeen, Scotland, UK

Drinking rubbish

Your issue on water (*Thirsty for life* NI 207) is both interesting and horrifying. Even 40 years ago, Thames river police who fell into the river were taken straight off to be stomach pumped. And then the upper Thames seemed relatively sweet. Like many others I have protested in all directions against water privatization. Goodness knows how much rubbish we have already drunk.

Hermione Oram
Churchdown, UK

NI welcomes your letters. But please keep them short. They may be edited for purposes of space or clarity. Include a home telephone number if possible and send your letters to the nearest editorial office. The address is inside the front cover.

Student defence

Macdonald Daly (*Reviews* NI 207) should get his facts straight. Oxbridge colleges only display 'closed to visitors' signs during exam time, for the sole reason of allowing students peace and quiet in which to study without coachloads of tourists trudging past the window. To suggest that the signs are up in order to show a 'vigorous contempt for the people whose productive labour pays for all their intellectual endeavour' is not only wrong but reinforces the old stereotype of 'them and us' which at least some colleges are trying to break down.

Rachel Bridge
Cambridge, UK

Counting days

I beg to differ with J Williams (*Letters* NI 207) that Sunday is the first day of the week. Ignoring the disagreement between Christianity and Judaism as to which is the seventh day, working people start the week on Monday, and Sunday is their day of reward – however indulged. I just could not do without a diary that starts on Monday.

Nat Brown
London, UK

Growth gripe

In an otherwise excellent issue about *Global warming* (NI 206), I found Jeremiah Creedon's rambling article very unconvincing. In particular it was singularly inap-

propriate to quote John Stuart Mill as the uncritical advocate of economic growth. Of all classical economists – Adam Smith, Ricardo, Malthus etc – Mill was the only one to question the philosophy of growth in his *Principles of Political Economy*.

David Bays
London, UK

Nuclear threat

The issue on global warming (*Turning down the heat* NI 206) was full of good information to back its arguments – except, as usual, about nuclear power. Too many people fear this energy. A world energy shortage is far more dangerous and could even lead to wars. Of course we must save 25 per cent of energy through better insulation and so on. And we should develop renewable sources of energy. But we will still need 50 per cent of energy to come from more concentrated power sources. As fossil fuels become scarcer we will have to increase nuclear-power stations. Properly processed and buried nuclear waste will provide less of a pollution risk than the radiation-filled environment which we inhabit at present.

David Gibson
Yarmouth, UK

Solar enthusiasm

I was fascinated by the article on solar energy (*Global*

warming NI 206) which seems an excellent idea for developing countries, especially in remote villages where there is no electricity. I am originally from Mauritius – a small island in the Indian ocean – and I think the system would benefit a lot of low-income people there.

J Eysee
London, UK

Growing pains

The article *Halfway to liberation* (*Trade Wars* NI 204) might have been written by an IMF boffin. It ignores the major problems facing our planet. 'Growth' is a false and mesmerising idol, a euphemism for greed and lack of global foresight propagated by most industrialists. The depletion of stocks of minerals and fossil fuel is done mainly to satisfy the First World's boundless greed for gadgetry, and to encourage the Third World to follow its degrading example.

Robert Powell
Harare, Zimbabwe

Expanding doom

I was confused by Nigel Harris's article *Halfway to liberation* (*Trade wars* NI 204). An expanding economy can only mean disaster for the world. More energy will be needed, which will increase toxic gases being pumped into the atmosphere; finite resources will dwindle and pollution will rise. Humankind cannot afford to believe that adjustments to our market-orientated economy will meet and solve the problems. As scientist Lester Pearson said, 'There is a need for a revolution in mankind's (sic) thinking as basic as the one introduced by Copernicus, who first pointed out that the earth was not the centre of the universe.'

CW Richardson
Wingham, Australia

Light living

Readers interested in Green consumerism (NI 203) might like to stay with a working-class family in Kerala, India, for a month to discover how a happy life can be lived at very modest levels of consumption. Further information from



Good Life Study Tours,
Institute for Food and
Development Policy, 145
Ninth Street, San Francisco,
CA 94103, US.

William M Alexander (Light
Living Consultant)
California, US

Diaper dispute

Contrary to the assumption advanced in *Shopping for the planet* (NI 203), dealing with diapers is not an impossibly difficult task. During the last two years I have spent a total of 15 minutes a day with my son's diaper bucket and can deal quickly with even the most challenging mess. As for the new US system of having a laundry pick up a bucket each day – the worst is over by the time you have put the diaper in the bucket. With a washing machine very little work is involved.

Diana Lane
Congleton, UK

Lonely lives

Thank you for your issue on homosexuality *Pride and Prejudice* (NI 201). It was waiting for me when I recently returned from Namibia where lesbians and gay men are isolated and unrecognized, and have no solidarity network. The magazine served to reinforce my own feelings that we in the UK must fight to preserve lesbian and gay rights which were so hard won and which Mrs Thatcher seems determined to destroy.

Joni Wilson
Edinburgh, Scotland, UK

Chainsaw hypocrites

While countries and citizens everywhere decry the rape of rainforest in Brazil, Malaysia, Indonesia and so on, Canada is actively pursuing massive deforestation to fuel equally massive pulp-mill projects. In

the province of Alberta alone, public timberlands almost the size of the UK have been leased to a dozen firms. In fact two Japanese firms Mitsubishi-Honda and Daishowa – have received rights to tracts which cover 15 per cent of the province.

These deals, made largely in secret, ignore the fact that pulp prices are plummeting and US legislation requires newspapers to be printed on recycled paper. How ironic that Canada criticises Third World nations for environmental insensitivity, while simultaneously planning to destroy the world's largest untouched boreal forest.

Allan MacRae
Calgary, Canada

Youth opportunity

'Killa Wail' is an idea for television being developed by Headless Wonder Productions on behalf of the

'Television Trust for the Environment' and the Dutch Government. 'Killa wail' is a drama series about 16-30 year olds who want to do something to save the planet. I would be interested in hearing from any of your readers who would like to take part. Ideas about T-shirt design, Third World debt, safe sex, biodegradable plastic boots, dolphins and so on, would be all welcomed. And we especially want to hear from youngsters who want to make a short piece of film themselves. Please write to me at this address: Workstation, 1-11 Ironmonger Row, London ECIV 3QN.

Sarah Boothby
London, UK



The views expressed
on the letters pages
are not necessarily
those of the NI.

LETTER FROM LA PAZ

The real heavy music

Susanna Rance meets a musician who has discovered the musical weight in traditional bamboo pipes.

'ARE you stoned or just stupid?' reads a sticker on the back window of the red jeep. We pull up at the door of the drum player's house in a middle-class suburb of La Paz. Sun streams into the upstairs room as I step gingerly through a maze of wires and find a corner to sit in amidst the jungle of electronic equipment.

Miguel, in pony tail and purple-embroidered shirt, opens his Yamaha synthesiser case and takes out three sets of bamboo pan pipes. These are put on one side for his evening rehearsal with a native music group. Now it's time for *Wrack 'n' Ruin* to start their afternoon practice session. The speaker behind my left ear starts to howl and bark like a dog, and the room shakes with the vibration of rock rhythms.

'I was 11 when I started saving pennies to buy my first guitar', remembers Miguel. 'I grew up listening to rock. The chords and melodies seemed more complex and exotic than those of Bolivian music. By the time I was 18 I had my first group – all kids from my neighbourhood. Our idols were *Santana*, *Kiss*, *The Eagles*, *Led Zeppelin*. For us that music really was magic. I guess we were quite alienated: in a way we had no real identity of our own.'

For most Bolivian town-dwellers, rural life represents poverty and isolation. The cultures of some 40 indigenous peoples are considered backward and irrelevant to the values of the modern, free-market state. Social progress means heading for the city, dropping Aymara or Quechua in favour of Spanish, adopting modern dress and weakening ties with the countryside.

Music is an integral part of life and ritual in the Andes. Dressed in ponchos with colours and stripes that announce their village of origin, troupes of pipe and drum players frequently converge from distant villages to celebrate local religious and agrarian festivals. Their shrill sounds and pounding rhythms echo through the valleys, calling communities to unite and appease the natural forces which could damn

their crops. To play music in this way is considered both a privilege and an obligation, an expression of pride in the ancestors' memory and their own heritage.

The most renowned of these pipe bands travel periodically to the cities, where they perform in night spots for tourists. The foreigners admire, applaud and take photographs. The musicians are paid a pittance, eat out on the street at night and pay for floor space to sleep in a garage until they are turned out at dawn. When their moment of glory is over, they merge once more into the mass of peasant farmers who speak broken Spanish and for whom the city is alien territory.

Not surprisingly, the younger generation find more prestige in imitating the Northern fashions and rhythms which monopolize films, TV and radio programmes. Like many Bolivians, Miguel only started to discover and appreciate his own cultural roots when he went abroad. 'I was 20 when the change came,' he recalls. 'I went to study in Brazil where people called me "Indian". I felt quite shocked, and I said, "I'm not Indian, I'm Bolivian". But I realized I was different from the Brazilians, and that was when I started to rediscover my own identity.'

Three years later, when Miguel got the chance to go to Sweden, he still got called "Indian". 'But there, it seemed more like a compliment', he says with a grin. 'And I started telling them, "I'm not an Indian, I'm Aymara. We have our own name, our own language and culture." I started to feel stronger as a person. And I came to the conclusion that we ought to develop our own music, and let the natural children of rock – the Europeans and North Americans – do their own thing. These days, I only play rock to keep up friendships and meet the new generation. It's not a burning interest like it was before.'

Now Miguel belongs to two groups: *Wrack 'n' Ruin*, and *Marka Laika*, a large band playing native instruments. His dream is to combine the two to produce a Latin-ethnic-rock fusion. 'I'm a sort of bridge between the two,' he says. 'Both have their value, and they can enrich each other. Right now my idols are the sicuri players of *Nino Corin*, not *Santana* any more. I say to my rock-musician friends: "What could be heavier than 15 people all together, blasting out on those bamboo tubes? They make the ground shake and you shake with them. This is the real heavy music".'

Susanna Rance has lived and worked in Bolivia for several years.



**Madness speaks to us with a voice we'd rather not hear.
David Ransom listens.**

LEARNING TO LIVE • WITH THE FEAR OF MADNESS

THIS is a picture of my great-uncle Fred. It was taken in 1902, when he was working at an engineering factory in West London. He lived in poverty and became a socialist. In his spare time he sold copies of *The Clarion*, a socialist newspaper, on street corners.

In middle age he was offered a job with the management of the factory and he took it. He found it difficult. Before long, overtaken by 'melancholia', he was admitted to a mental hospital and never came back. He died there 30 years later.

I think my family concluded that Fred had been led astray by his idealism, his 'foolishness'. He had shouldered the troubles of the world and been crushed. For my part I prefer to imagine that he made a mistake. Socialists have an uneasy relationship with management. Perhaps remorse at having joined it had tipped the balance of Fred's mind.

All of us have someone like my great-uncle Fred in our family history. But not all of us know it. By the time Fred died I was old enough to have known that he existed. But I didn't. Not in the same way that I knew of his brother, who made money in biscuits and owned a gleaming Daimler car which he drove very cautiously over the potholes in the road outside our house. It's not that my family deliberately kept Fred's existence a secret. What, after all, can be said to a child about a man who lives in a mental hospital?

Today madness is called mental illness. Tomorrow it may be called something



else. But the chances are it will still be there, and the evidence is that it has existed in a recognizable form throughout human history, everywhere in the world.¹

What is it? The most straightforward definition I've come across is 'unusual or undesirable behaviour'.² But there is a problem with using the term 'illness' to describe behaviour. Illness is identified or diagnosed by medical practitioners. But society decides what makes behaviour unusual or undesirable. Illness may be what motivates or causes this behaviour. But what causes illness? Here the problems get even bigger.

In crude terms, the causes of mental illness seem to be of three main kinds. The first is biological – what we inherit

through our genes. The evidence is overwhelming that there is some kind of genetic factor involved in the most serious forms of mental illness, the 'psychoses' like schizophrenia.

The second cause lies in the other part of our inheritance – the treatment we receive as our personalities form in childhood. The sad fact is that we do not always treat our children very well. We were not always well treated as children ourselves. Abuse can cause mental illness.

But it is not just children that are abused. We can abuse or be abused by *anyone*. And we can join together in groups and as a society to treat other people or other groups very badly indeed. Poverty, hunger, violence or homelessness, our social conditions, are the third main cause of mental illness and the least acknowledged.

It is, however, very difficult indeed for any one of these causes to produce mental illness on its own. Even a genetic predisposition to psychosis usually has to be 'potentiated' by one or both of the other causes. They interact together in a continuous, incredibly complex and unpredictable process.

The trouble with using the term mental illness to describe this process is that illness and 'the mind' only encompass a part of it. They live out their lonely existence entirely within the individual sufferer. They cannot easily be used to describe those events outside of us, like our social circumstances or what psychiatrists call



Reflections of betrayal. A fragmenting individualistic society casts thousands of people in need of care into destitution.

'life events', that have such a critical impact on our emotions. Nobody says 'It's a mentally-ill world!' even when it is.

I can find no term other than 'madness', with all its abusive connotations, that embraces the whole process, the interaction between 'internal' and 'external' factors. We seem to have lost a common language.

We have lost it, I think, because we have been trying to lose the people and feelings it used to describe. We have locked them away, in the vain hope that by doing so we could make them disappear. But we couldn't. The result is that we have been steadily betraying mentally-ill people for at least a century.

The mental hospital where my great-uncle Fred spent the last 30 years of his life was one of a chain built around the fringes of London in the second half of the nineteenth century. Similar chains enclosed all the new industrial cities of Britain as they grew up. They appeared soon afterwards in the United States as the biggest institutions ever built, incarcerating as many as 10,000 people. They have been appearing more recently in Japan. They seem to appear as if by magic wherever industrial capitalist society grows.

At first they were called asylums – a Greek word for a place of sanctuary and refuge. The word is still used today, of course, to describe something desirable to which political refugees are entitled. This is what the people of the old 'madhouses' were led to expect when they were taken there. What they found were prisons. They were betrayed.

Slowly the asylums were taken over by the medical profession. Wardens became psychiatrists, guards became nurses, asylums became hospitals – and madness became mental illness. But there was no cure, though the hospitals carried on as if there were. Another betrayal.

Today the hospitals are closing (or just falling) down. 'Psycho-active' drugs can replicate the walls of the old institutions within our heads. The institutions are becoming superfluous. Mentally-ill people are being moved out into 'the community'.

But this bogus community, spirited up to serve administrative convenience, does not exist. The resources, money and commitment needed to make 'care in the community' work have all been withheld. The closure of the hospitals has proved too tempting an opportunity to be missed by the cost-cutting Right. And, because we have tried to exile madness, to exclude mentally ill people from society, as a community we no longer know anything about them. Yet another betrayal.

It was betrayal, too, when in the 1960s and 1970s many people like me who thought of themselves as 'progressive' came to believe that mental illness did not exist. There was a strange comfort in the idea that a society of everyone except ourselves was 'manufacturing' mental illness. But when we faced its devastating impact on the lives of people we knew, we had no idea what to do. Too often we chose to forget they existed rather than acknowledge that they were mentally ill. We blamed 'psychiatry' and ran away.

Why all this betrayal? The reason is, I

think, that madness has something to say to us that we prefer not to hear. It is not dumb. It speaks with its own voice about things we can only vaguely sense because we are afraid.

We have good reason to be. The kind of society we live in – broadly the industrial capitalism which is being embraced by more and more of the world – is making us prone to the alienation and isolation on which madness feeds.

A friend once told me about a Xingu 'Indian' he met in Brazil who went to São Paulo, a gigantic city, for the first time. He began to cry. He could not bear to walk past other people without any sign of recognition. To the locals he would have appeared to be crying for no reason at all. The Xingu man fled back to the forest, unable to believe that anyone could wish to live in such a place.

Over the years Western society has been casting off many of the more obvious outward signs of inner distress. The conditions known as catatonia and hysteria were once quite common. They are still common almost everywhere else in the world. They are characterized by extravagant gestures, posturing and the like. For that reason, they are hard to ignore, easy to identify with distress.

But they have all but disappeared in the West. The distress they show has been subsumed into other more modern conditions like schizophrenia, which cannot be so readily seen.

The bodily expression of inner distress needs a framework of bonds between people if it is to have any meaning. In the

West, such bonds have been broken by industrial capitalist society. Even the nuclear family is in the process of disintegrating. The reason is the increasing emphasis on individualism that this kind of society imposes.

The possible consequences of this are very disturbing indeed. As Julian Leff points out: 'it seems likely that if the uniqueness of the individual's inner experience became the dominant value in society, the bonds between people would be so attenuated that such a society would probably not be viable.'⁴

It sounds like a society writing a suicide note to itself. And suicide too has something important to tell us. Social trends in suicide are not always what you'd expect. For example, they decline sharply in times of war, as they did in Europe during both the two World Wars. The common threat of war produces greater cohesion in a community, reducing the risk of individual isolation and the level of suicide too. Social cohesion is the most powerful defence against madness, and is the most important single contributor to mental health.⁵

But the West is losing its cohesion. Suicide rates are rising everywhere. The last time they fell, bucking the global trend, was in Britain in the 1960s, when faith in the National Health Service was at its height. Now they are rising sharply again. Self-destructive, suicidal war may wield an irresistible and largely subconscious appeal to a society that is locked into headlong and seemingly involuntary flight towards individualism.

We are, in fact, in the midst of a 'pandemic' of mental illness, a genuine crisis, spreading across the world with the isolation and 'alienation' of the individual in industrial society.⁶

So there is some urgency to the search for a better future. What is needed is nothing short of a complete, gentle revolution against what we have been taught. We have to learn how to reconstruct the bonds between people. We have to learn how to live with our own fear of madness, not of its captives.

All we have to go on is what other societies do. But again Western culture is failing us. For instead of learning, it is teaching. Global organizations like the World Health Organization (WHO) are dominated by Western medical science, and their work on mental health by psychiatric medicine. Worldwide initiatives concentrate on how to 'validate' or apply Western methods across the globe – not on how to learn from each other.

There are at least two important barriers to this enterprise within Western culture. One is racism, the notion that one culture, one race, is innately superior to another. Racism has permeated Western society, and Western psychiatry is no exception.⁷ While interest in 'transcultural' issues blossoms, blindness to racism remains as pervasive as ever, obscuring



Internal exile: window on a world of fear.

what is of value in other cultures.⁸

The second barrier is the Western attitude to mentally-ill people themselves. We have acquired the habit of assuming that they don't know what they want, don't want to decide anything about their own lives and have nothing to contribute. So we have lost all hope of communication with them, and thus any prospect of learning from their experience and what they have to say. Their participation, particularly in the planning of new 'community care' schemes, is more of a good principle than a working practice.

Added to this, while the bogus community invented to accommodate the closure of mental hospitals does not exist, another one actually could. For most mentally-ill people are being looked after in the community anyway, by relatives and friends who cannot bring themselves to have the people they love locked away. They pay a terrible price in the same currency – their own isolation from society, the prospect of guilt if they fail. They should be cherished, respected and, above all, learned from.

I began to learn something myself when I was working with a group of homeless people trying to Get Something Done. I shall call him Jack, the man we watched slowly disintegrate as the excitement of the campaign mounted. One day he fell to the floor at my feet, shaking violently.

I rang the local mental hospital. Did they know him? Yes, they did. Could they help? No they couldn't. Why not? Untreatable personality disorder. (It was just as well I didn't know then that Jack would once have been called a psychopath, which to most people effectively means 'murderer'.) Untreatable? That's right. But there had to be *something* they could do! No, there really wasn't. What was I to do? Simply stay with him until he got better.

He did, after a fashion. He wandered off when we weren't looking and we

never saw him again. But I can still see myself, trembling with fear of Jack (and yes, *for* him, too), desperately ringing a mental hospital I thought should not be there to ask for help with an 'illness' I thought didn't really exist. Believe me, there are *thousands* of men and women like Jack in every Western society. For them the issue is not how good or bad the 'treatment' they receive is, but that they receive *no treatment at all*.

So I got a bit more interested. I went on a course for amateurs. A kind and intelligent psychiatrist (one of the few we ever saw outside the hospital) came to talk to us about schizophrenia – the most feared mental illness of all. What was it we wanted to know? Did we want to be able to identify a 'schizophrenic' at ten paces? What for?

Reluctantly he began to describe common symptoms. 'Flatness' and 'Delusions of Persecution'. 'Perplexity', 'Self Neglect', 'Obsessive Thoughts'. I began to feel uneasy. These were all, the psychiatrist assured us, very precise diagnostic terms. OK, fine. 'Poor Rapport', 'Hopelessness', 'Situational Anxiety', 'Negativism' and, yes, 'Lack of Insight'. I really did feel very uneasy indeed. Surely, I had them all!

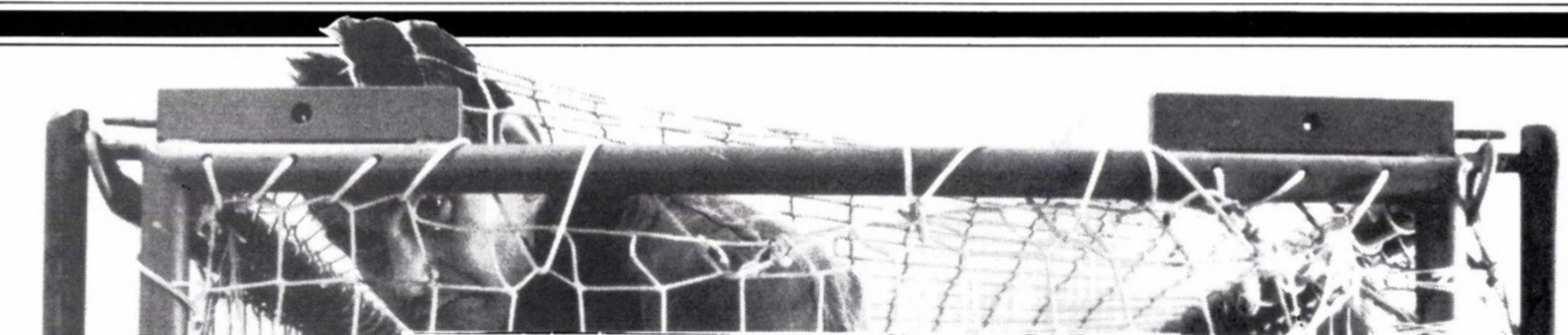
Then it came to me. Yes, maybe I did have them all, or a good number of them anyway. Things go wrong when you have too few, or when one gets out of proportion to the rest. Trying to stay sane is a delicate balancing act: it's easy to overbalance, particularly if you're pushed. Not, perhaps, a very precise or scientific conclusion. But I could at least sense that even the most feared and serious of all the mental illnesses did have something to do with me, however disturbing that may have seemed at the time.

For I too have the same taint of 'foolishness' upon me as my great-uncle Fred, though I've so far escaped the anguish of his illness. His 'melancholia', with all its evocative associations for me, no longer even exists as a diagnosis – it's been swept away into the vast, featureless ocean of modern 'depression'. It may have taken me a long time to find out about him. But now that I have I can sense him as a personality much better than his biscuit-rich brother.

'Come along, now, Fred! Shake yourself by the hand!' my grandfather used to say to him when he went on a visit.

'My trouble is,' Fred would say, 'I'm the only one in here who knows he's mad.'

1 See, for example, the controversial results of a World Health Organization (WHO) study of schizophrenia published in *Psychological Medicine*, no 16, 1986. 2 *Psychiatry Around the Globe*, Julian Leff (Royal College of Psychiatrists 1988). 3 *Ibid.* 4 *Ibid.* 5 *Changing patterns in suicidal behaviour*, WHO EURO Reports and Studies 74 (Copenhagen 1982). 6 *The rising pandemic of mental disorders and associated chronic diseases and disabilities*, M Kramer (paper supplied by WHO Geneva). 7 *Race and Culture in Psychiatry*, Suman Fernando (Tavistock/Routledge 1988). 8 Roland Little in *British Journal of Psychiatry* no 156, 1990.



IL CAPITANO

He keeps a dark shed by the beachhuts and boathouses
smelling of diesel and damp wool;
there's a yellowed notice tacked to the door
in a strange hand or a strange tongue like the babble
of waves on pebbles, cursives of broken shell.

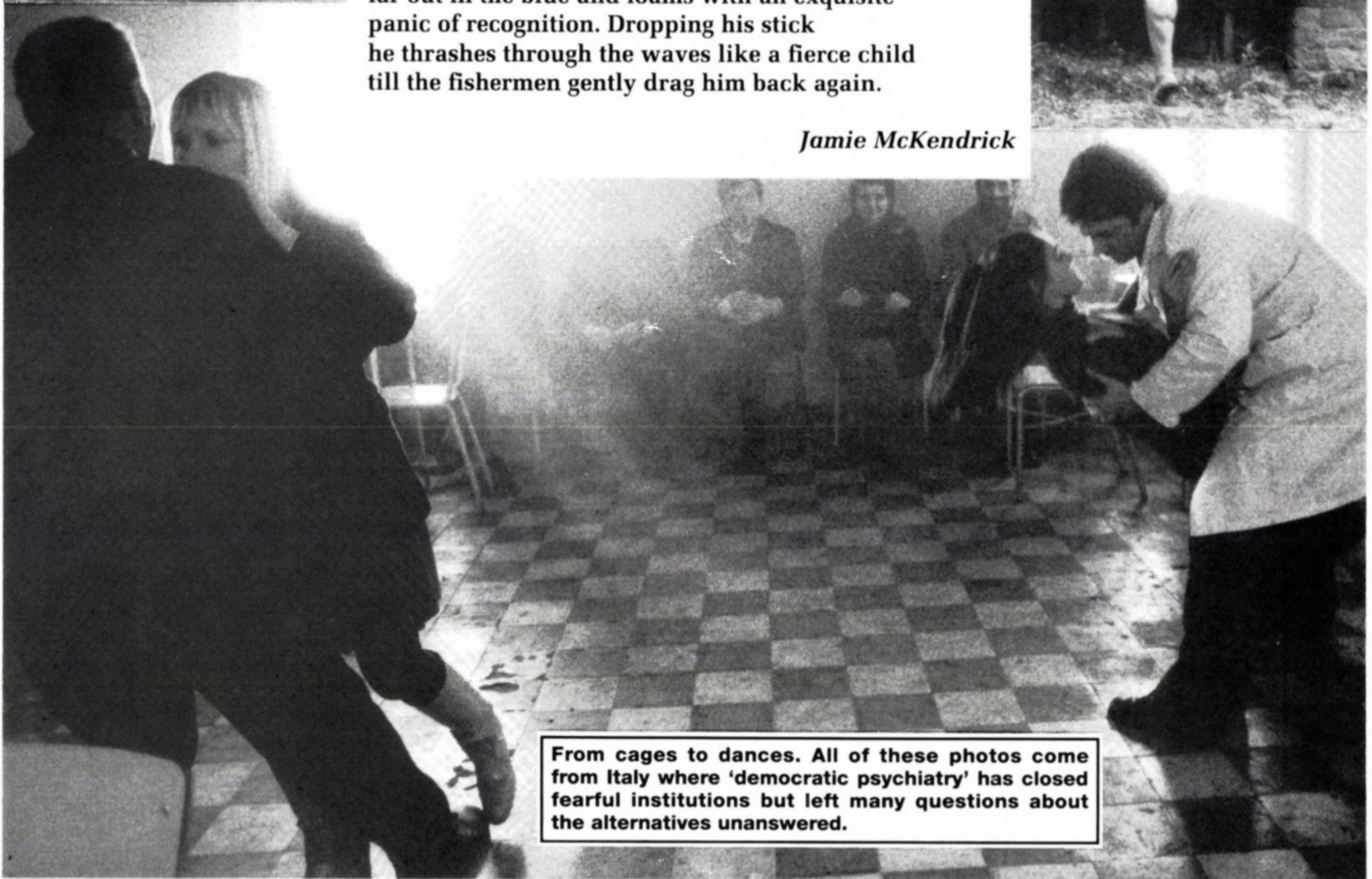
Rigged out in nets and tackle, he carries a trident
to tap the ground in the tireless walking
that keeps him always in sight of the sea
where the spiny rocks sift back the waves
like krill-less drizzle from the teeth of whales.

The villagers tell how once, years back,
he commanded a vessel wrecked miles out
and drifted days on a fragment of deck.
Ever since his rescue he's lived like the last man alive
in this coast resort buzzing with tourists and Vespas.

He was washed up here like the rest of us
by seed, tide, trade or fate but clearly lives,
oblivious of custom, under a different sky
– the stars urgent and legible, the miles of black salt
crushing into coves, his intimate blueprint.

It's said that sometimes he sights a ship
far out in the blue and foams with an exquisite
panic of recognition. Dropping his stick
he thrashes through the waves like a fierce child
till the fishermen gently drag him back again.

Jamie McKendrick



From cages to dances. All of these photos come
from Italy where 'democratic psychiatry' has closed
fearful institutions but left many questions about
the alternatives unanswered.



Desperate thirst: scavengers for moisture from roadside cactus plants in North-East Brazil, where poverty causes death by dehydration.

The madness of hunger

The people of North-East Brazil are starving. But they put their own physical anguish down to 'nervous problems'. Nancy Scheper-Hughes explains how drugs and politics have brought this about.

I WAS going through the death-registry books in the *cartório civil* of Bom Jesus da Mata, a market town in the sugar-plantation region of Pernambuco in the Brazilian North-East. I came across the following handwritten entry:

Died: September 18, 1985, Luiza Alves da Conceição, female, brown eyes, aged 33, spinster.

Cause of Death: dehydration; starvation
Observations: The deceased left behind no children and no possessions. She was illiterate. She did not vote.

That was the end of the entry, but I was able to discover that Luiza had died in the municipal hospital of Bom Jesus and was buried in a pauper's coffin in an unmarked grave wrapped only in a hospital sheet.

I think about Luiza Alves from time to time. I imagine, from what I know of life in Bom Jesus, that she probably thought of herself as *fraca* (physically weak) or *fraca de juízo* (mentally weak) and prone to *ataque de nervos* (nervous attacks). She may have cried a good deal without understanding why. Perhaps sometimes she became angry. She may have lashed

out, uncontrollably, at a ministering hand during her final *agonia* at the hospital.

I have seen deaths like these and they are not very pretty. The people of Bom Jesus sometimes refer to them as *doença de cão* – literally dog's disease. They are referring to rabies, which in Portuguese is called *raiva* – literally rage, fury, madness. The madness of hunger is indeed very much like rabies and it is truly a dog's death.

References to the *delírio*, the madness of hunger, can be found as early as the sixteenth century in the writings of Portuguese navigators, and it is still a recurring theme in Brazilian literature now. It is the subjective voice, the primary experience of hunger.

The North-East of Brazil is a land of many hungers, and of a formidable thirst. Infants who die of dehydration, their blackened tongues hanging from their mouths, compete for attention with equally brutal images of thirst-driven *sertanejos* who walk hundreds of kilometres to escape the drought of the *sertão* or hinterland.

So we must begin with the context, the 600,000 square miles of suffering that is

the pock-marked face of the North-East. Here cloying fields of sugar cane rot amidst hunger and disease; here authoritarian landlords compete for power with anarchistic bandits, and rural labourers are bound to a semi-feudal economy in a state of perpetual anxiety.

The hunger of the coastal sugar-cane workers and their families is constant and chronic. The hunger of the *sertanejos* is periodic, acute and explosive.

Since 1964, when I first worked (and lived) in the region, I have been seeing starvation: a host of children of one and two years who cannot sit up unaided, who do not or cannot speak, whose skin is stretched so tightly over the chest and stomach that every curve of the breast-bone and ribs stands out. The arms, legs and buttocks of these children are often stripped of flesh so that the skin hangs in folds. The buttocks are often discoloured. The bones of the face are fragile, the eyes prominent, the hair thin and wispy. The eyelashes can be extraordinarily long. Some children take on an unnatural, waxen appearance that their mothers sometimes see as a kind of death mask.

No other calamity has quite the shattering effects on personality and behaviour as the experience of acute hunger. The most obvious effect is a frenzied rage alternating with periods of euphoria, excitement and irritability, often subsiding into passive withdrawal and indifference.

At first in Bom Jesus one's ear is jarred by the way hunger and nervousness are interchangeable in the language of the

poor residents of the hillside slum called Alto do Cruzeiro (Crucifix Hill). A mother will stop you on her way up the hill to say that things aren't good, that her children are nervous because they are hungry. Another woman returning from *feira* (market) tells you that she became dizzy, confused and 'nervous' at the price of meat. Dona Teresa tells you that her husband Manoel came home from work sick, his knees shaking, his body weak and so tired he could barely swallow a few mouthfuls of dinner. He is suffering from a *crise de nervos*, as is usual towards the end of the week, when everyone is anxious because there's nothing to eat.

I am sitting on the doorstep with several women of the Alto discussing *nervos* with them. Anger, discontent, anxiety, hunger and even parasitic infections (all related to their work as laundrywomen, rural labourers and domestic workers) are filtered through the metaphor of *nervos*.

Sebastiana: As for me, I'm always sick, I'm *fraca de nervos* (I have weak nerves).

Me: What are your symptoms?

Sebastiana: Trembling, a great chill in my bones. Sometimes I shake until I fall.

Maria Teresa: There are many kinds of *nervos*.

Me: What's 'anger nerves' about?

Rosa: That's if your *patroa* says something to you that really ticks you off, but because she's your boss you just go away without saying anything. But inside you're so angry you could kill her, you really wish she were dead. The next day you're likely to have 'anger nerves'.

Me: What about 'fear nerves'?

Maria Teresa: When her mother died, Black Irene gave out such a blood-curdling scream in the middle of the night that we all woke up with a jump. My son went running to Irene's house to see what was the matter. When he returned he fell down on the floor clutching his heart in an *agonia* of pain and trembling. Ever since that night he suffers from *nervos*.

Sebastiana: I only suffer from overwork *nervos*. I've washed clothes all my life, for almost 60 years, and now my body is as worn out as Dona Carmen's sheets. [This is a slur against a notorious wealthy miser who is too mean to buy new sheets]. When I come home from the river with that heavy basin of wet laundry on my head, my knees begin to shake, and sometimes I lose my balance and fall right on my face. What humiliation!

Me: Is there a 'cure' for overwork nerves?

Sebastiana: I take tonics and Vitamin A.

Rosa: Yes, lots of people take tonics, others take nerve pills, a lot take tranquillizers.

Maria Teresa: Don't forget sleeping pills.

Sebastiana: At night when everything is still, and the night is so dark, so strange, time passes slowly. The night is long. I almost go mad with *nervos* at times like that. I think of so many things, so many sad and bitter thoughts cross my mind.

Memories of my childhood and how hard I was made to work, working like that in the fields on an empty stomach. Then the tremors begin, and I have to get out of bed. It's no use, I won't sleep any more that night. My illness is really just my life.

What I wish to propose is that for this poor and hungry population many of the physiological symptoms of which they complain are also symptoms of chronic hunger. And during the past two decades of my involvement with these people I have seen a discourse on *nervos* and sickness replace a discourse on angry hunger.

I am not arguing that *nervos* can be reduced to hunger alone, or that *nervos* is an exclusively poor or working-class phenomenon. The 'beauty' of *nervos* as a folk illness syndrome is its flexibility. It is an all-purpose complaint, one that can be invoked by a frustrated middle class to express its dashed expectations in the wake of Brazil's decanonized 'Economic Miracle', by the urban working class to express their condition of powerlessness, and by an impoverished class of sugarcane cutters and their families to express their hunger.

The question is, how did these people come to see themselves primarily as nervous and only secondarily as hungry, malnourished? How is it that mortally tired cane cutters come to define themselves as 'weak' rather than overworked and exploited? Worse, when resentment over exploitation is recognized, how did it ever get reinterpreted as illness? And, finally, how can it be that chronically hungry people will 'eat' medicines while going without their staple foods?

Nervos is a social illness. It allows hungry, irritable and angry *Nordestinos*, just now emerging from more than 20 years of militarism and political repression, a safe way to express their discon-



The face of hunger: not sick but angry.

tent. If it is dangerous to engage in political protest (and it is) and, as one of my informants Biu complained, if it is pointless to *reclamar*, to argue with God (and it would seem to be so), hungry and frustrated people can transform hunger into 'breakdown' and 'mental' problems. When people do so, the health-care system and the political machinery of the community are fully prepared to back them up in their unhappy and anything-but-free choice of symptoms.

Because the people of Alto do Cruzeiro truly suffer from headaches, tremors, weakness, tiredness, irritability, angry weeping and other symptoms of what people call *nervos*, they look to the doctors, pharmacists and political bosses and patrons from Bom Jesus for a 'cure' to the 'sickness'. They line up in clinics, in drug stores, in the municipal dispensary and they want powerful medicines to make them 'strong' and 'lively' (full of *animação* – a kind of vitality and readiness for pleasure and enjoyment in the body and its senses that is so Brazilian). They do not leave without these magical, potent prescription drugs: *vitaminas*, *fortificantes*, *sôro*, but also antibiotics, painkillers and sleeping pills. And they get them, if they're lucky, even without paying for them.

Why medicine? If it is power that the leading families who supply them want, why not simply distribute food to hungry people? Medicalization mystifies. It isolates the experience of misery and it domesticates people's anger. There is power and domination to be extracted from the defining of a population as 'sick' or 'nervous'. To acknowledge hunger (which is not a disease but a social illness) would be tantamount to political suicide among leaders whose power comes from the same plantation economy that produced that hunger in the first place.

This 'bad faith' operates among the doctors and pharmacists who allow their knowledge and skill to be abused; among the politicians who wish to see themselves as community benefactors, while knowing full well that they are nothing of the sort; and even among the poor who are so often critical of the medical 'care' they receive yet continue to hold out for a medical solution to their economic problems.

The determination to see malnutrition and dehydration as something other than what they are, as a nervous condition to be treated with painkillers, tranquillizers, tonics and elixirs, represents the worst instance of collective bad faith in Bom Jesus de Mata. This, too, is the madness of hunger. □

Nancy Scheper-Hughes is Professor of Anthropology at the University of California, Berkeley. She is the author of many books, including *Death Without Weeping: The Madness of Hunger in North-East Brazil*, which will be published next year by the University of California Press.



IMAGES OF

Creative artists have always been interested in madness. They use the power of imagination to explore ideas and feelings, and it is their business to investigate the outer limits of consciousness from which most of us prefer to shy away.

The methods or 'media' they have used for these explorations have evolved over time – and have been aimed at an ever wider audience. The single paintings of Bosch have evolved into the multiple images and mass reproduction of modern cinema

Painting – c 1500
HIERONYMUS BOSCH
The Cure of Madness

At first sight, it seems as if this painting portrays a primitive and horrific 'treatment' of madness. The man on the left is probing inside the seated man's skull to find the cause of his madness – another title for the picture is 'The Search for the Stone'. But look again. The surgeon is wearing a funnel on his head, the woman a book on hers, where they cannot be used, and the monk looks on with detachment. Their approach is ridiculous. Only the mad man himself, strapped to the chair, looks out of the painting, engaging the viewer's sympathy.

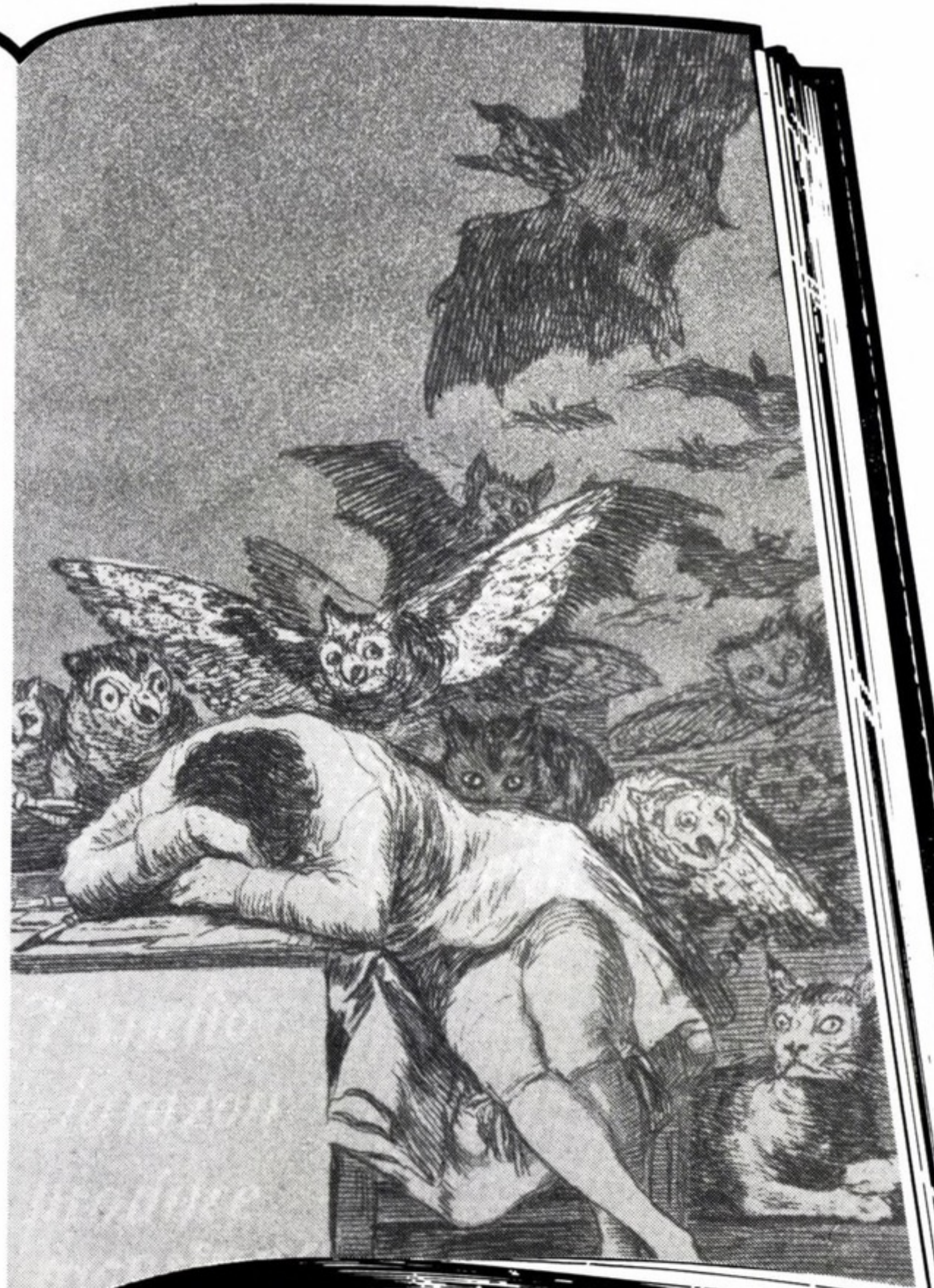
Printing – c 1800

FRANCISCO GOYA

The Dream of Reason

The great Spanish painter Francisco Goya marks a turning point, out of the Age of Reason and towards contemporary preoccupations. His series of prints entitled 'Caprices' and 'Follies' are expressions of a 'free' imagination. They are satirical and often so horrific that they were suppressed at the time.

The caption, written into the plinth on which the man rests, is ambiguous. 'El sueño de la razón produce monstruos' means 'The sleep of reason produces monsters'. But the Spanish word 'sueño' can mean either 'sleep' or 'dream'. So the fearful monsters are created either by the absence of reason, or by an 'unconscious' desire of reason itself. This print was probably intended as the frontispiece of a book – Goya was one of the first painters to look for a wider audience for his work.



MADNESS

and television.

The means of communication may have moved in a more public direction but the images have gone the other way. The crowded, bustling scenes of Bosch have become an isolated, inward-looking face, an entire body suspended in space. This paradox tells us something about how madness is seen today – isolated as an illness of the individual. Breaking out of that isolation may be one of the greatest challenges now facing our imagination.

Photography – 1930
EDVARD MUNCH
The Fear of Death

The Norwegian artist Edvard Munch said that ‘the camera cannot compete with painting as long as it cannot be used in heaven or hell’. But he began to use it to express what he called ‘an art which touches and grips one’s own heart’s blood.’

Here he sits in front of one of his own paintings which, by using double exposure, appears through the left eye in which he was going blind. It makes his whole face seem insubstantial. The intensity and bleakness of feeling conveyed in his work reflects a growing preoccupation with death.



Film – 1978
ANDREY TARKOVSKY
Mirror

“Everything that torments me, everything I don’t have and that I long for, that makes me indignant, or sick, or suffocates me, everything that gives me a feeling of light and warmth, and by which I live, and everything that destroys me – it’s all there in your film, I see it as if in a mirror. For the first time ever film has become something real for me, and that’s why I go to see it, I want to get right inside it, so that I can really be alive.”

One surely couldn’t hope for greater understanding.”

Andrey Tarkovsky, the Russian film director, quoting a letter he received, in his book *Sculpting Time* (Faber and Faber 1986). Tarkovsky’s other films include *Andrey Rublyov* and *Solaris*. He died in 1986.



IT was seven years ago that the military attacked our village,' said the midwife in the Guatemalan province of Quiche. 'Many of our people were killed. And others were so deeply affected that they withdrew from the community, shutting themselves away in their homes. Seven years... but still every now and then one of them will suddenly run out into the street screaming.'

The people of Central America have had to live with fear for decades. We measure the region's troubles in terms of assassinations and war deaths but often forget the toll taken on the living by that everyday acquaintance with fear. No-one visiting Guatemala and talking to people from its majority Indian population could fail to see the psychological scars.

Equally no-one travelling on to Nicaragua could fail to notice the difference from Guatemala – people still have to live with civil war but for ten years have had a government that has actively promoted mental health. And in the aftermath of the February elections the worry is that Violeta Chamorro's new UNO government might stray off the positive mental-health track that has made the contrast between these two countries so striking.

In Guatemala, a beautiful country with a superficial air of tranquillity, the civil war has lasted for the past 30 years. In that time the military have killed 100,000 civilians and 40,000 people have been 'disappeared' by death squads.

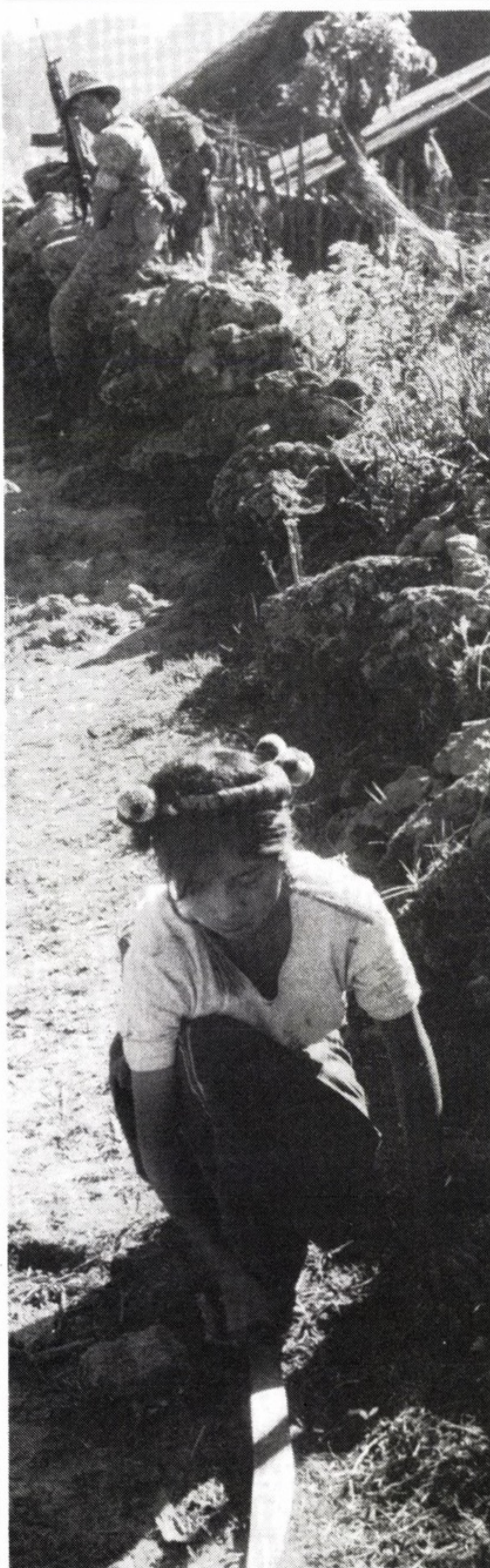
We talked to health workers and *campesinos* all over the country. Many had witnessed extreme violence. In the early 1980s the military began destroying entire villages in an attempt to eradicate civilian support for Leftist guerillas. The long-term psychological effects of this kind of violence can be devastating. A nun told us, for example, of a man who had seen a massacre take place in his village. He kept a list of all those who had been killed, but could not talk about what had happened – he just cried incessantly.

A dread of torture and physical mutilation haunts the countryside – not least because so many people have witnessed the mutilated bodies of victims dumped in the street by the security forces. In a quiet moment our Guatemalan guide said that many people fear torture more than death.

Everybody is affected – but not everyone is overcome by feelings of despair and powerlessness. We spent an afternoon with plantation workers who continue to do health-promotion training even though they earn little and live in an area where such work can be rewarded by a place on a death list. And in the absence of government initiatives a non-governmental health organization has started training 'mental-health promoters' to work with their own communities. Local people are familiar with the traditions and concerns of their

Fear and freedom

The people of Central America have been paying the price of war in emotional as well as material currency. Lucy Marks and Val Ford contrast the attitudes of Guatemala and Nicaragua to the mental health of their own people.



Quiche, Guatemala: under surveillance.

community and are more likely to be trusted.

But this is clearly not enough. A psychological war is going on, one that controls the population by disrupting communities and instilling a climate of mistrust. The war must end. And until it does the people of Guatemala will need appropriate psychological support to help them resist.

This was the stage the Nicaraguan people had reached before the Sandinista revolution in 1979. Until then the only mental-health facility in the whole of Nicaragua was the psychiatric hospital in the capital, Managua. Well outside the city centre, it was ideal for removing the 'mentally ill' from the community and locking them away out of sight and out of mind. Two wards, built for 60 patients each, came to accommodate more than 550 people. President Somoza personally pocketed the international funding that was raised for a national mental-health programme in 1972.

One of the first decisions taken by the revolutionary government was to create multi-disciplinary mental-health teams operating in the community. Many people were already returning home and being supported in the community even before the new official policy of 'de-institutionalization' was implemented in 1981. The hospital, now with fewer than 150 patients, is due to close altogether within five to seven years. Acute psychiatric cases are to be treated in general hospitals or new Crisis Intervention Centres.

In the mean time Dr Santiago Sequeira, the hospital's director, has been fighting his own revolution, battling against incredible odds to humanize the physical environment of the hospital and improve the quality of patient care.

Instead of the familiar mental-hospital pyramid (psychiatrists at the top, other staff below, patients at the bottom), relationships throughout the hospital are relaxed and friendly. Ward meetings are jolly occasions. Patients wander in and out of staff rooms at their leisure and no-one seems to mind. The next step is to safeguard these changes by formalizing patients' rights and encouraging patients to campaign for their own rights in self-advocacy movements.

Dr Sequeira and his team have inherited some 65 long-stay patients who have no family and no prospects of living in the community without financial and other support. Careful plans have been made for these people so that when the hospital eventually closes they will not find themselves on the streets.

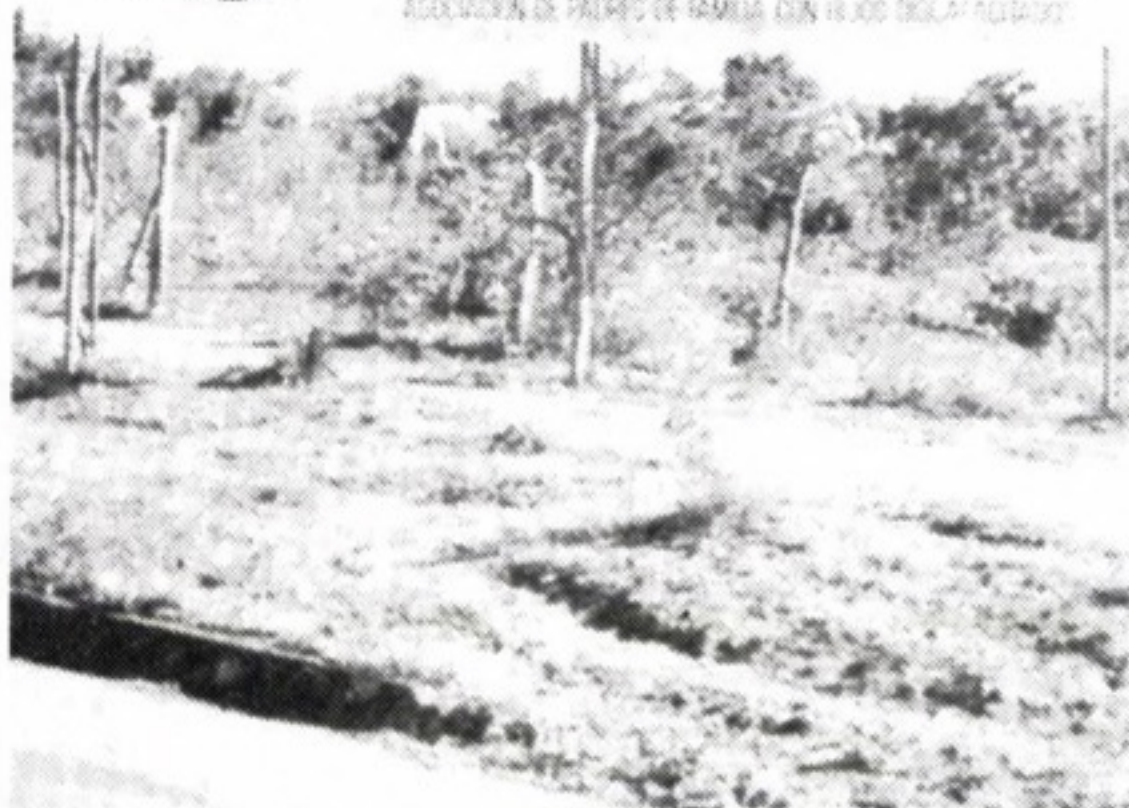
One of these schemes is an agro-industrial project, ambitious by any standards and quite amazing in a poor country ground down by war and economic blockade. Four 'sheltered' homes, twelve family units and four staff houses are to be built on a site around a



TODO NIÑO MENTAL O
FISICAMENTE IMPEDIDO
DEBE DISFRUTAR DE UNA
VIDA PLENA Y DIGNA

LOS PIPITOS

ASOCIACIÓN DE PADRES DE FAMILIA CON HIJOS DISCAPACITADOS



A roadside sign in Nicaragua: 'Every child who is mentally or physically handicapped must enjoy a full and valued life'.

farm growing fruit and vegetables, with a factory to process the produce. The scheme aims to ensure the residents' economic survival and to maintain or create family units wherever possible. It has the support of the farmworkers' unions, not to mention soil technicians and mental-health professionals. More important still, patients are involved in the planning.

But the state of a country's mental health lies not only in the fate of its hospital patients but also in the general condition of its people. The greatest improvement of all has of course been the removal of the old climate of repression and fear. And people now have much greater control of their own lives through their participation in neighbourhood committees in the *barrios* as well as in the mass organizations. But the Sandinista government also took the initiative by training *brigadistas* up and down the country in preventative techniques like simple listening skills, bereavement counselling, relaxation methods, even family and group therapy.

There is general agreement that in the elections which removed the Sandinistas from power earlier this year the Nicaraguan people voted against the long US-sponsored Contra war and their empty stomachs, not against the social reforms of the Revolution. But one of the first steps of the new UNO government may well be to wield its public-spending axe against health care.

They should look very closely at the Guatemalan experience before doing so. Nicaragua has shown that people can improve their psychological well-being and their quality of life, even in the face of extreme material poverty. Guatemala remains a terrible reminder of what Nicaraguans have fought so long and hard to replace. □

Both the authors work in London; Lucy Marks is a clinical psychologist with Tower Hamlets Health Authority and Val Ford a community mental health worker.

Do what they say, say what they want

Some women are said to be 'dangerous' if they act as many men do all the time. They are locked away indefinitely, without trial or treatment, in a cruel, forgotten corner of 'care'. Prue Stevenson talks to some of them.

I'm not mad. I've just been bad. I've been angry. An angry woman. I've spent all my life from the age of eight in institutions. I've always been in trouble... All the reports to do with my mental state have said that I'm not crazy, and yet I was diagnosed as a psychopath and bugged in Broadmoor. In a medical book, the psychopath is cold-blooded, premeditated, uncaring, manipulative. I'm none of them. I care. I care very much about people. It was myself I didn't care about... I needed help. I needed something. Broadmoor was what they gave me.'

Toni, aged 25, spent three and a half years in Broadmoor. Like Rampton, Moss Side and Park Lane, Broadmoor is a maximum-security mental hospital housing the people said to be the most dangerous in the UK.

To be sent to one of these 'special' hospitals you must be seen as a danger either to others or yourself. You must be diagnosed as suffering from mental illness, mental impairment or – the loosest and most controversial diagnosis of all – psychopathic disorder. A third of the women in the 'specials' are diagnosed as suffering from a psychopathic disorder, compared with less than a quarter of the men.

This suggests that the predominantly male, white judiciary and psychiatrists who make the decisions use a different set of standards for women and men. Aggression, sleeping rough, unstable sexual relationships, heavy drinking, fighting, loud and lewd behaviour, the actions that you see men performing every day on our city streets, can all go against women when decisions are being taken about where they should be sent.

While some patients in the special hospitals are dangerous, the majority are not. The specials look like prisons – high walls, barbed wire, electronic doors and large

bunches of keys. Male nurses wear prison-officer uniforms. The special hospitals, however, still insist that they are not prisons but hospitals.

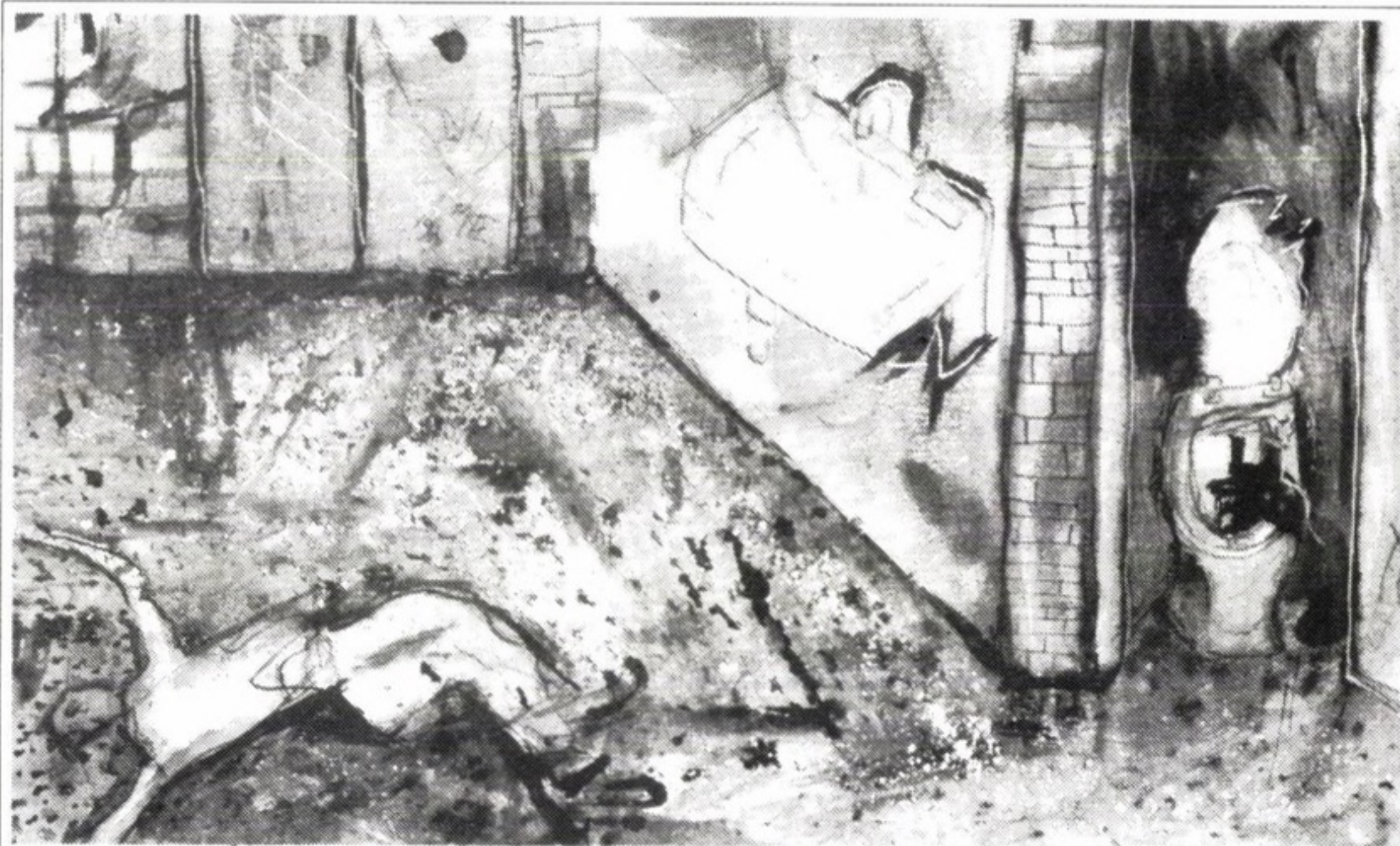
Talking to women who have been there, or face the possibility of being sent there, you find that the fear of being put in the specials is far greater than the fear of imprisonment.

'You hear of the specials, but you think "that can't happen to me. I know I'm bad. But I'm not that bad." And then you realize that they mean it and you think "My God! If they send me to Rampton, what does that make me?"' Jo, now aged 26, spent six and a half years in Rampton.

Life for women in special hospitals is harsh, mundane, stereotyped, sexist and racist – despite the best efforts of some of those who work there. Without ordinary social contact the women quickly become institutionalized. They complain that they receive little by way of treatment. Many won't talk to psychiatrists or psychologists, who are predominantly men. They are frequently put in seclusion because they have mutilated themselves – a cruel and inappropriate response to terrible acts of self-harm.

'As far as I was concerned they didn't do nothing to help me,' says one former patient. 'I hardly ever saw a doctor. It wasn't because of any treatment that I got out of Rampton. It was because I behaved. I did what they wanted. I used to put on that I'd accepted it, but I didn't really. You can't let it show, can you? I used to say what they wanted to hear. I used to make out that I'd changed. But I hadn't. It was all a false pretence. Do what they say, say what they want, just to get out.'

Prue Stevenson works for Women in Special Hospitals (WISH), which is run largely by ex-patients and can be contacted at 25 Horsell Road, London N5 1XL, UK.



Cages, damage and desolation. A painting by Pauline, a long-term patient in a British special hospital.



SELLO AND MEDUSA

Elizabeth had never seen a ghost in her life. She was not given to 'seeing' things. A story by Bessie Head

MOTABENG means the place of sand. It was a village remotely inland, perched on the edge of the Kalahari desert. Seemingly, the only reason for people's settlement there was a good supply of underground water.

It took a stranger some time to fall in love with its harsh outlines and stark, black trees. A fellow-passenger on the train to Botswana had laughingly remarked: 'You're going to Motabeng? It's just a great big village of mud huts!' The preponderance of mud huts with their semi-grey roofs of grass thatching gave it an ashen look during the dry season. During the rainy season, Motabeng was subjected to a type of desert rain. It rained in the sky, in long streaky sheets, but the rain dried up before it reached the ground.

It seemed to Elizabeth that it took people half an hour to greet each other each day. It took so long, they said, because Motabeng was a village of relatives who married relatives, and nearly everyone had about six hundred relatives. People often looked at Elizabeth with a cheated air. A person would actually put out her hand to stay her: 'Wait a bit. Where are you hurrying to?' It was so totally new, so inconceivable, the extreme opposite of 'Hey, Kaffir,

get out of the way', the sort of greeting one usually was given in South Africa. Surely there was a flow of feeling here from people to people?

It was barely three months after her arrival in the village when her life began to pitch over from an even keel, and it remained from then onwards at a pitched-over angle. At first she found the pitch-black darkness of the Motabeng night terrifying. She had always lived in a town, with a street light shining outside the window, so the first thing she hastened to buy was a chair on which to place a candle, beside her bed. She kept the candle burning right up to the point where she felt drowsy, then blew it out. Often she fell asleep with the candle still alight. The chair, a bed and a small table were the only pieces of furniture she had in her hut. After a while she became more accustomed to the extreme dark and quite enjoyed blowing out the light and being swallowed up by the billowing darkness.

One night she had just blown out the light when she had the sudden feeling that someone had entered the room. The full impact of it seemed to come from the roof, and was so strong that she

jerked up in bed. There was a swift flow of air through the room, and whatever it was moved and sat down on the chair. The chair creaked slightly. Alarmed, she swung around and lit the candle. The chair was empty. She had never seen a ghost in her life. She was not given to 'seeing' things. The world had always been two-dimensional, flat and straight with things she could see and feel.

This recurred for several nights, and she simply reasoned that, whatever it was, it was not a danger to her life. Let it sit if it wanted to. Oh, no; whatever it was wanted to introduce itself at some stage, because one night she was lying staring at the dark when it seemed as though her head simply filled out into a large horizon. It gave her a strange feeling of things being right there inside her and yet projected at the same time at a distance away from her. She was not sure if she were awake or asleep, and often after that the dividing line between dream perceptions and waking reality was to become confused.

The form of a man totally filled the large horizon in front of her. He was sitting sideways. He had an almighty air of calm and assurance about him. He wore the soft, white, flowing robes of a monk, but in a peculiar fashion, with his shoulders hunched forward, as though it were a prison garment. He stared straight at Elizabeth in a friendly way and said, in a voice of quiet affection: 'My friend.'

She stared back, not replying. Then he said: 'Will you stay here for some time?'



A sort of terror gripped her chest. The words were almost jerked out of her mouth: 'No,' she said. 'I'm going to die quite soon.' He kept quiet, except that his look changed from friendliness to seriousness. A name for the monk had instinctively formed itself in her mind. He was... He was... But it was too impossible. A wave of panic made her fling her arms into the air and take a great leap out of the bed. She paced the floor for a while, violently agitated. The abrupt encounter, the strangeness of his question and the equal strangeness of her unpremeditated reply threw her mind into a turmoil. He looked like a man she had seen about the village who drove a green truck, but the name she associated in her mind with the monk-robed man was that of an almost universally adored God.

Then nothing else seemed about to happen, and she eventually calmed down and went to sleep. She was to find out that something would startle her like this and then quieten down to an apparent normality, only to find that she had really been shaken up into accepting an entirely unnatural situation and adapting it to the flow of her life.

There was only one way to explain it. The principal of a school had a teacher on his staff who was fond of brandy. He took a bottle of brandy into the toilet, intending to have a few sips. Well, he kept taking a few sips and peeping around the door to spy out the whereabouts of the principal. Soon he became quite drunk

and reversed the activity. He'd open the door, take a few sips, close the door and look for the principal in the toilet.

Much the same applied to her. She began by waking up on the tail-end of absorbing conversations with the white-robed monk who sat on the chair beside her, and it wasn't long before the discussions became a full-time activity. The faint silvery-white outline of his robe and his face were clearly discernible to her at all times, and so overpowering was the experience at first that in the early morning, as she poured out a cup of tea, she would pour a second cup and absent-mindedly walk towards the chair and say: 'Here's a cup of tea for you,' and then jolt back to reality, shaking her head: 'Agh, I must be mad! That's just an intangible form.'

Elizabeth calls the man in her vision Sello. He takes different forms but represents love and her own goodness. From this point on, Elizabeth's life becomes a nightmare. She spends some time in a mental hospital. Events build to a fearful climax. Sello vies for control over her with Medusa, who represents evil – in the Greek myth Medusa turned people to stone when she looked at them.

What did mothers, black mothers, say to children whose fathers had been lynched by the Ku Klux Klan in America? She had a picture of a Southern lynch mob, a whole group of white men and women. Two black men hung dead from a tree. The lynchers were smiling. Medusa smiled like that in her mental images, but Medusa was as close as her own breathing, and each night she looked straight into Medusa's powerful black eyes. It was tracing the evil to its roots. The eyes of the lynch mob were uncomprehendingly evil. Medusa's eyes were full of comprehension, bold, conscienceless, deliberate: 'I will it. Nothing withstands my power. I create evil. I revel in it. I know of no other life. From me flows the dark stream of terror and destruction.'

That night Medusa and Sello in the brown suit were engaged in an eager whispering conversation. At one point Medusa turned her head towards Elizabeth and smiled triumphantly. Sello was pointing to the figure of a man in the distance. She overheard him say to Medusa: 'Don't worry, he'll kill her.'

At this Medusa walked up to Elizabeth. She had in her hands one of her bolts. These bolts seemed to ooze out of her hands. She had a way of shaping them into round balls, raising her arms in a wide, swinging movement and hurling them straight at Elizabeth. They exploded against her like lightning bolts. She often slipped into black unconsciousness and awoke later with a roaring headache.

Medusa raised her arms: 'We are,' she said, spelling out the words slowly: 'We are bringing you the real magic, this time.'

Elizabeth raised one hand feebly in defence. She said: 'I can't stand any more of this. My health is failing.'

Medusa turned her head from side to side, smiling, indicating enchantment: 'Oh, but you will love it,' she said.

Then she shaped her mouth into a yap: 'Here's the last of them,' and the black bolt came hurtling towards Elizabeth. It was about to explode in her face. She put both hands before her and jerked wide awake with a scream. She was trembling so violently that the bed shook. With no clear plan in her head, she pushed her legs out of the bed. As she tried to stand, they wobbled like rubber. She fell down on her knees and began crawling across the floor. The chair on which Sello, the monk, eternally sat, was in her son's room. She crawled to the chair and looked up. She could clearly discern the outline of his form in the white cloth.

'Sello,' she groaned painfully. 'Find another punch-bag for your girl. I'm not her match.'

'All right,' he said, quietly.

She turned to crawl back to her bed. A billowing wave of darkness rose up and sucked her to its depths, and she sank to the floor.

When she opened her eyes it was daylight. Her son was lying on the floor beside her and peering into her face.

'Why are you sleeping on the floor?' he asked seriously.

She couldn't think of anything to say and kept quiet.

'What was you burning last night?' he asked, pointing to her room. 'The floor is full of burnt things.'

She jumped up alarmed. Why, anything could happen in her nightmare. She might have left a cigarette lit. She walked to the door of her bedroom, then froze. There was the drama of a death-throe on the floor. Charcoal-like foot-prints dragged into each other across the floor and in the centre of the room was a heap of charcoal dust. She half muttered aloud to herself:

'Is this the last of Medusa?'

From the room behind her Sello said: 'Yes.'

'What are you saying?' the small boy asked.

'Poetry,' she said. She had found that the word 'poetry' excused any mental ramblings and he understood.

Bessie Head, the South African writer, lived as a refugee in Botswana for 15 years. She died in 1986, aged only 49. This story is an edited extract from her novel *A Question of Power*, published by Heinemann in their African Writers series. © Bessie Head, 1974.

MADNESS - THE FACTS

THE World Health Organization (WHO) is committed to a policy of 'Mental Health for All by the Year 2000'. Here the NI draws evidence from around the globe to show how far short of that lofty goal we are likely to fall.

Health Warning: The 'facts' about madness can be misleading. Only the Western medical science of 'epidemiology' pursues them with vigour, often to prove its own theories and with doubtful results.

USA: Lifestyles

A survey in Eastern Baltimore has shown how changing lifestyles are increasing the risk of mental disorder. This is because, in Western industrialized culture, those who live outside the nuclear family are vulnerable, and their numbers are increasing. For example, the number of female one-parent households has increased from 7% to 16% of the total number of households between 1950 and 1984; and the prevalence of distress is 27% for this group, compared with an average of 23.4%.¹

UK: Disappearing Madness

Two of the most serious disorders recognised by Western psychiatry are schizophrenia and hysteria. First admissions to hospital for the former have fallen from 14 per 100,000 population in 1970 to 9 per 100,000 in 1978. The latter has disappeared almost completely, falling from 2.12% of all admissions in 1960 to just 0.80% in 1978. This is not the result of patients being 'switched' into a different mental health category since the incidence of other types of illness has not increased over the same period. But no-one yet knows why this is happening.²

UGANDA: Irritating Tendencies

A survey of adults in two small Ugandan villages found 20% had some sort of disorder, mostly depressive. But the researchers also reported 'an irritating tendency for some Ugandan subjects not to answer questions directly. Thus ... in reply to being asked if they worried more than others, they would answer, "How can I know how much others worry?"'³

LATIN AMERICA: Chilling Prospects

A recent survey for the WHO predicts that there will be an increase of 11.2% in deaths related to psychological factors. Violence accounts for a large proportion of this increase. By the year 2000 it is predicted that there will be 88.3 million people suffering from selected disorders in Latin America, an increase of 48.1%. Deteriorating social and economic conditions will play a major part in this trend.⁴

1. 'Changing living arrangements in the population and their potential effect on the prevalence of mental disorder', M Kramer et al in *Psychiatric Epidemiology*, ed Brian Cooper, (Croom Helm 1988). 2. 'Is schizophrenia disappearing?', G Dev et al in *The Lancet*, 3 March 1990, and *Psychiatry Around the Globe*, J Leff, (Gaskell 1988). 3. 'Psychiatric Disorders in Two African Villages', J Orley and J Wing, in *Arch Gen Psychiatry* Vol 36, May 1979. 4. 'Mental Health for All? The Epidemiological Basis for Action', I Levar et al in *Boletín de la Oficina Sanitaria Panamericana*, Sept 1989. 5. *Soviet Psychiatry*, David Cohen (Paladin 1989). 6. *Mental Health International*, 1990. 7. 'Ade-Memoir on South African Psychiatry', S Fernando for TCPS UK, June 1988. 8. Letter to *The Lancet* from P Graham, 7 April 1990. 9. 'Psychiatric illness in the New Zealand Maori', P S Sachder, in *Australian and New Zealand Journal of Psychiatry* 1989. 10. 'The Rising Prevalence of Mental Disorders and Associated Chronic Diseases and Disabilities', M Kramer, in *Acta Psychiatrica Scandinavica* 62, Suppl 285, 1980. 11. All information in this section taken from: *Prevention of Mental, Neurological and Psychosocial Disorders*, Report by the Director-General, WHO, Geneva 1986. Thanks to J Orley and W Gulbinat of the WHO, Geneva, for their assistance.

THE FAILURE OF SUCCESS

The prevalence rate of mental disorders - the proportion of the total population affected - is set to increase around the globe by the year 2000.¹ There is a threat of a 'pandemic'. This is because, as population increases, so do the numbers of people in age groups at high risk of developing disorders. And successful treatment is prolonging the lives of affected people - but not dealing with the causes or preventing them being affected in the first place. Here are the latest WHO figures.¹²

1 Mental retardation

Approximately 3 to 4 per thousand children under 18 years of age have major disabilities in intellectual and social function. There are between 90 and 130 million people in the world suffering such disabilities.

2 Brain damage

Caused by bacterial and parasitic infections, alcohol abuse, malnutrition, chemical pollutants etc. There are an estimated 400 million people suffering from iodine deficiency, which can damage the foetus.

3 Psychoses

The prevalence of severe mental disorders such as schizophrenia is estimated conservatively at not less than 1% of the world's population. More than 45 million people

suffer social and occupational difficulties as a result. The prevalence of schizophrenia is approximately 2 to 4 per thousand.

4 Dementia

Diseases of the brain, particularly those associated with ageing, are increasing as people live longer. Senile dementia is estimated at 100 to 200 per thousand individuals aged 70 years or older.

5 Epilepsy

Prevalence ranges from 3 to 5 per thousand in industrialized countries to 15 to 20 or even 30 per thousand in some areas of the developing world.

6 Neuroses

Estimated to occur at a frequency of 5% to 18% of the general population, and rising sharply in industrialized countries.

7 Alcohol abuse

The number of countries in Europe with a per capita intake

of more than 10 litres of pure alcohol per year increased from 3 in 1950 to 18 by 1979. There is a sharp global increase in alcohol consumption, particularly in some countries in Africa, Latin America and the Western Pacific.

8 Illicit Drugs

There are an estimated 30 million cannabis users, 1.7 million opium-dependent and 0.7 million heroin-dependent people in the world. There are as yet no figures for cocaine.

9 Psychotropic ('mood altering') drugs

Drugs used in the treatment of mental disorders are often supplied over the counter without prescription, with insufficient or misleading information, or are prescribed inappropriately.

10 Somatic symptoms

Between 30% and 50% of all consultations with medical professionals in industrialized countries result from no detectable physical illness or when the complaint of discomfort is out of proportion to the physical problem. In developing countries such complaints, though a lower proportion of the total, are still the largest single complaint category in primary health care.

USSR: History of Abuse

Until 1988 the Ministry of the Interior, which runs the police and has close links with the KGB, supervised all top-security psychiatric hospitals. There are 25,000 psychiatrists, more than anywhere else in the world except the US. In 1982 a book called 'The Pictorial Language of Schizophrenics' accused 'sick artists' of being interested only in the baser aspects of life.⁵

JAPAN: the Madness Business

Between 1955 and 1975 the number of private mental hospitals rose from 206 to 1,450 and the number of patients increased from 44,000 to 300,000. That number has now increased to some 340,000. 95% of patients are detained without their consent, at a rate of 250 per 100,000 population, compared with just 2.5 per 100,000 in Europe. Well over 80% of Japanese hospital beds are in private hospitals.⁶

SOUTH AFRICA: Cheap Black Patients

Apartheid is just as evident in mental health as elsewhere. Black psychiatric nurses and doctors are not permitted to care for white patients (according to a 1984 study) while there were no psychiatrists of 'African' descent in 1982. Institutional care is provided by a private company as well as by the state. In 1978 the Government paid this company 1.69 to 2.11 rand per day to care for black patients and 5.33 to 7.00 rand per day for white patients.⁷

AUSTRALIA: Tranquillized Community

According to its manufacturers (ER Squibb & Sons Pty), sales of the drug Modecate increased from 560 kg in 1975 to 1,552 kg in 1986. Of the sales in 1975, 10% were to dispensing chemists (primarily outpatients) and 90% to hospitals. By 1986, 40% of sales were to dispensing chemists. Modecate can be administered by means of 'depot', or long-acting injections, and is often prescribed for schizophrenia. The incidence of schizophrenia is also thought to be on the decline in Australia.⁸

AOTEAROA/NZ: Madness and Racism

A recent survey showed that involuntary admission to mental hospital, especially under the Criminal Justice Act, is much more common among the Maori (36% of all Maori admissions) than the pakeha or non-Maori (24%). It is highest of all among Pacific Island Polynesians (45%).⁹



Asylum for Mr H

He fled from persecution in Japan, where a gargantuan madness industry has been after him. Etsuro Totsuka tells the alarming story of an outcast.

IN October last year I was in London and was suddenly asked to see a Japanese client. To my surprise, a 30-year-old ex-mental-hospital detainee, Mr H, had flown from Japan to visit MIND in London and to seek asylum in the UK.

He told us that he had been persecuted by his family, psychiatrists and a public mental hospital; that he was in imminent danger of being detained against his will in hospital in Japan; that escaping from Japan was the only way to secure his freedom; and that he wanted shelter and legal assistance under international refugee law.

Mr H's initiative in flying to London to claim asylum – an ironic concept for a mental patient – is highly unusual but unfortunately his desperate experience in Japan is not. Until quite recently mental illness was regarded in Japan as genetic, incurable, impossible to understand and dangerous. Mentally-ill people were thought to be a disgrace to the family. The Japanese did not want to talk about them, see them, hear about them, get married to them or employ them. Families hid their ill relatives in a cell at home or in a mental hospital.

Domestic confinement was prohibited for the first time in 1950. After the introduction of the National Health Insurance Act in 1958 the private sector expanded sharply to cover more than 80 per cent of Japanese medical services. Mental illness became a very profitable business indeed. The number of mental

hospital beds trebled to over 300,000 in 20 years and has since risen to 340,000. As many as 250 people per 100,000 population are detained in mental hospitals without their consent, compared with only 2.5 people per 100,000 in Europe.

Mr H is typical of the kind of patient who is locked up in Japan but who would have retained his freedom elsewhere. He was the eldest child in his family. His mother encouraged him to study harder and harder so he could become a doctor, one of the most financially rewarding occupations in Japan.

He was 17 years old when he suddenly became generally exhausted and tired of studying. He simply could not go to school. He did not speak, stayed in his room and ate there, slept in the daytime and spent hours listening to the radio.

His mother took him to a district mental hospital. Mr H says the doctor did not speak to him and did not see him without his mother. She did not conduct any physical examination. After 10 to 20 minutes she said that Mr H was mentally ill and would become worse without the medicines she prescribed. He later found out the diagnosis was 'schizophrenia'.

A few years passed and he wanted to work. He found a good job. A company promised to employ him. But his mother did not give him permission to work. As he was under 20, he could not be employed without his parents' permission. He failed a university entrance exam.

One day, for the first time, he became violent with his mother. He was taken to the hospital by police, where he was given a great deal of medicine and became unconscious. About a week later he realized he was in a locked ward with iron bars. He had to stay there for a year. After being discharged and spending a year at

Snapshots of insanity: inside the Yowa mental-illness hospital on the outskirts of Tokyo.

home he was again hospitalized because he spent his time listening to the radio rather than studying.

All of his admissions were involuntary, probably 'consent admissions' authorized by a superintendent of the hospital and his parents. There was no freedom, no consent to treatment, no second opinion, no review, no lawyer, no notice of rights, no definite time limit to the detention – and no cure.

He thought that he was schizophrenic. The doctors had diagnosed it. He believed he needed a better hospital in order to be cured. Life in the hospital was miserable. He could not refuse strong medicines. He felt very weak and slept all the time. A doctor suggested brain surgery.

He finally got himself transferred to one of the best university hospitals. Here, for the first time, he was interviewed in depth by a psychiatrist without his mother. He could talk about his whole life. He was told that out-patient treatment was enough for him. There was no need for hospitalization. But his mother became angry at the new psychiatrist's opinion. She insisted that hospitalization was necessary and threatened to commit him to a private mental hospital unless the university hospital took him in. He decided to take asylum in the university hospital for two years with no treatment.

The doctor cut off all the drugs he was taking with no ill effects. Psychiatrists there, including the Professor of Psychiatry, certified that he was not mentally ill. He was frightened and trembled when he saw iron bars because of his earlier experience of detentions.

There was no easy way to cure this. He was able to go out, however, to a school of English. Later he found a temporary job and a room.

It was not easy to find the room. To rent a room, a certificate of employment is required. To find a job he had to hide the fact that he had been in a mental hospital. After his successful discharge he had to change jobs several times. Not because of any failure, but because his employers wanted to promote him from temporary to permanent status and this required checking his background.

Then he had difficulty with his hearing and heard some noises. He should not have told his family. His mother once again took him to the district hospital, not to the university hospital. A psychiatrist there prescribed heavy medication without examining his ears. It was not long before he fainted from the drugs. He was admitted by ambulance to an ordinary hospital. He was found to have an ear disease and was given surgery for this.

The problem was still his mother and the district doctors, who continued to believe that he was schizophrenic and should be hospitalized. He asked a lawyer well known for his work in medical affairs to protect his freedom but the lawyer refused to take on mental-health cases. So Mr H concluded there was no place for him to live in Japan except in a mental hospital. He made up his mind to flee to Britain.

Ironically, though Mr H did not know it, mental-health reformers in Japan were at last making some headway. In the 1980s a series of scandals received widespread publicity. The most notorious was in 1984 when it was reported that two detained patients had been beaten to death by staff of Hotokukai Utsunomiya Hospital. There had been 222 deaths at the 1,000-bed hospital in just three years. Very little was officially known about any of them. Under mounting local and international pressure, and after a long campaign, the Japanese government finally passed a new Mental Health Act in 1987. The process of establishing and protecting the rights of mentally-ill people in Japan had begun.

Mr H knew nothing about the new law



Patients in waiting, ignorant of rights.

when he arrived in the UK. I could honestly tell him that there had been improvements. They could lead to valuable advances in the whole attitude towards the care of mentally-ill people, including areas where the law cannot always enter. With the principle of voluntary hospitalization accepted, and safeguards now surrounding the standards of treatment, the chances are that a better, more professionally trained mental-health service will develop.

But the most important change of all needs to take place in public and government attitudes towards mental illness. And here there is still a very long way to go. Which is why Mr H is still frightened to return and continues his battle for asylum. □

Etsuro Totsuka is a Japanese lawyer who has campaigned for the rights of mentally-ill people in Japan for many years.

The black death

When Europeans arrived in Australia they had a disastrous effect on Aborigines' mental health. Andrew McKenna describes the impact of a neurotic society.

FIFTY years after the arrival of the First Fleet at Sydney Cove, JD Lang wrote of Australia's Aborigines: '(we have) despoiled them of their land, and given them in exchange European vice and European disease in every foul and fatal form ...'

When Europeans invaded Australia, they couldn't recognize what they thought of as 'madness' amongst Aborigines. The reason for its absence, or at least its lack of recognition, lay in the very fabric of Aboriginal society itself, the integrating force of which was religion.

Erratic behaviour, as well as physical illness, could usually be explained by the malignant magic of other tribes, of individuals, or of evil spirits, and could be cured by the observance of the correct social or spiritual mores of tribal life. A 'clever man' could be called in to effect a cure, and tribal medicine was usually seen as a specialized branch of religion. Pre-conquest black Australians understood themselves to be in a secure and meaningful cosmos, with an infinite past and an infinite future.

The arrival of the Europeans spread fear and insecurity throughout black Australia. News travelled quickly of land seizures, massacres and savage reprisals against those who defended their homes. The future became filled with doubt. Death from unfamiliar diseases turned the world into a disjointed and meaningless place.

Few Aboriginal languages had words for 'thank you'; reciprocity was a fundamental tenet of life. The system of sharing broke under the onslaught of Western individualism. Sharing is even more out of step with materialistic white Australia today than it was 200 years ago.

Nor was there a word for 'suicide'. The

phenomenon remains extremely rare today in Arnhem Land and the Central Desert, where groups still live more or less traditional lifestyles. But with 'decultured' Aborigines it has become such a problem that it has been labelled the Black Death. The loss of land, for a people

fundamentally dependent on it both physically and spiritually, has caused an acute crisis of identity. Many Aborigines become disorientated as tribal societies crumble and black independence erodes further – they have become a marginalized minority.

Poor conditions, unemployment, bad housing and racism take their toll on black people's mental health. Lacking white skills, disproportionately large numbers are incarcerated in penal institutions, alcohol

rehabilitation centres and psychiatric hospitals.

Such signs of 'maladjustment' to Western society obscure its own neurotic nature. The neurotic is unable to face the strange, feels threatened and undermined by it, and can often only deal with it through violence. It may be that white Australians see Aborigines from a neurotic viewpoint. Certainly the solutions to the 'black problem' of the past 200 years have been of limited vision – hostile, intolerant and frequently brutal.

Aboriginal life was once in balance with itself and with the world. In the words of Aboriginal novelist Colin Johnson: 'Life goes on within you and without you. It is like a mighty river, not like some sort of psychedelic light show.' The same can hardly be said of today's Australia. Perhaps we should be looking at the mental state not of individuals but of society as a whole.

Andrew McKenna is a freelance journalist based in St Kilda, Victoria.



Aboriginal Australians: life is like a mighty river.

JHARSETLI, a village 40 kilometres north-west of Delhi, lies in the heart of Haryana's farm belt. Similar to other villages in the area in most respects, a part of it has acquired a semi-industrial facade because of its proximity to the main highway. There are small repair shops with antique lathes and grinding machines. Worn-out truck tyres stacked in heaps announce the arrival in the village of the industrial era. There is an appealing air of grubby vitality in this part of the village, a seediness not of decay but of impending birth.

The *dharmashala* in which the doctor – Guruji, as he is commonly and respectfully known – works and lives was constructed many years ago by some pious rich people as an inn to provide poor travellers and pilgrims with shelter. Guruji took over the building in 1963 and hung out a simple sign with the inscription *Manasik Chikitsa Kendra* – 'Centre for the Treatment of Mental Illnesses'.

The inn-hospital is a decrepit, single-storied structure. Lying almost at the outer edge of the village, a couple of hundred yards off the highway, Guruji's domain is isolated from the rest of the village and has an aura of self-sufficiency. Despite the faint purr of traffic from the highway and the whiff of exhaust fumes, the inn has the quality of a stage village with its temple, its pond in which water buffalo wallow, its pair of pie dogs taking their ease under pipal trees, and the surrounding fields.

Guruji seems very much at home in these surroundings. He is a 60-year-old man with humorous eyes that belie the apparent strictness of his manner. Dressed in a freshly laundered *dhoti*, a clean white turban wrapped neatly around his head and a rough *khadi* coat buttoned up to the collar, he walks with the gait of a man accustomed to expect deference.

Resolving medical problems, admonishing the transgressors of rules, arbitrating disputes, cracking jokes with a deadpan expression on his face, Guruji is clearly the hub of this community and the force that holds it together.

The bulk of his clients comprise severely disturbed psychotic patients from nearby villages and towns. To watch him interview these patients is to watch a master at work.

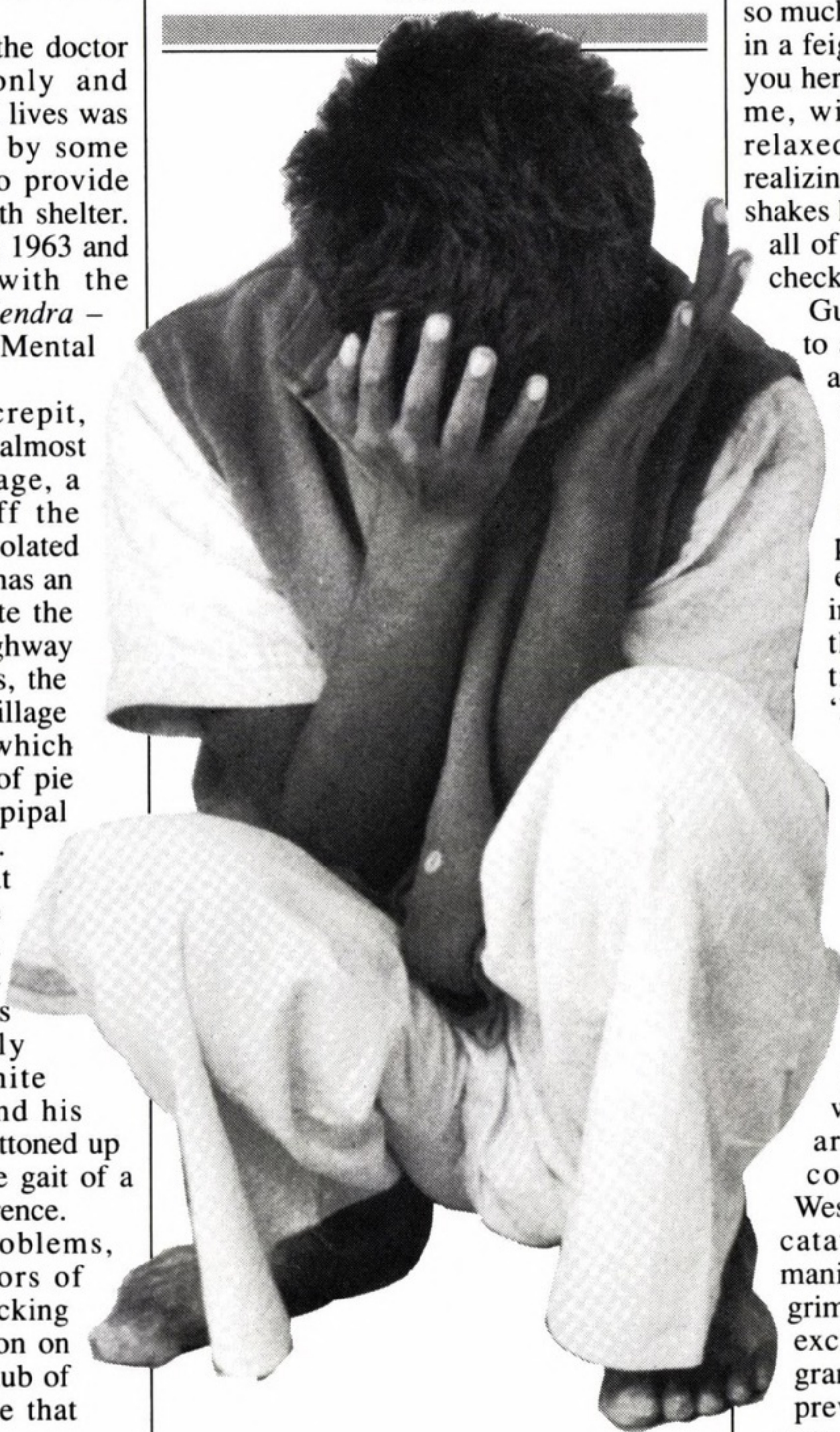
Two men walk up with a patient between them. He is a middle-aged man who drags his feet as he walks. His hair is unkempt, his eyes bloodshot, his face haggard from exhaustion.

'Where do you come from?' Guruji asks them. They mumble the name of a nearby village. 'What is wrong?' he asks the patient gently.

The three men start to speak at the

The good doctor

Guruji heals madness in a village near Delhi. Sudhir Kakar, trained as a psychoanalyst in the West, finds much to admire in his work.



same time. The patient has great difficulty in being coherent. One of his companions interrupts.

'Don't believe a word he says, Guruji.'

'Why shouldn't I believe him? Because you think you are normal and he is mad? "Don't believe what he says, Guruji."' He mimics the man. He turns back to the patient, his expression gentle again – there is no trace of a professional 'caring' in his words or the jarring chord of insincere concern in his voice. 'What is wrong with you?'

'Don't fight with me. I...' The patient's speech is again jumbled.

'Brother, I haven't understood you. Is your throat dry?' The patient nods. Guruji asks one of the companions to fetch a glass of water. The man drinks the water but is still unable to speak. Guruji looks inquiringly at the companions. They explain that the patient is engaged in a legal battle with his brother over some land. Recently he has become uncontrollably excited in the court, shouting, screaming and ready to hit anyone who tries to restrain him.

'So you have come to me after fighting so much!' continues Guruji, smiling. Then in a feigned scolding voice: 'I won't keep you here. Tomorrow you'll also fight with me, will you?' The patient is visibly relaxed. He nods his assent and then, realizing he's made a mistake, vigorously shakes his head in denial. Guruji speaks to all of them. 'Go and sleep inside. I will check his pulse tomorrow morning.'

Guruji clearly feels he has a mandate to aid the patient's struggle, not only against his illness but also against those who by their conduct either 'cause' or perpetuate the illness.

Most therapists in the West, although they pay lip service to the patient's interest, find it economically and professionally imprudent not to act as the agent of the family and society. 'In your tradition', he once said to me, 'largactyl is given and the patient is made to sleep. As long as he is asleep he won't trouble anyone.'

The patient's family is satisfied and so too is the doctor. As far as the patient is concerned, he is too drugged to complain. How convenient for everyone!

At any given time, there are generally eight to ten patients living in the *dharmashala* together with their family caretakers. They are severely disturbed, the most common presentation – from a Western psychiatric viewpoint – being catatonia, a schizophrenic disorder manifested in posturing, mutism, facial grimaces and mannerisms. In the acute excitement stages, when delusions of grandeur, loquacity and hyperactivity prevail, the patients require physical restraint.

The medical regimen is generally uniform. It starts in the morning with a 'purge to the head' – a 'nasal' treatment in which medicine is administered through the nose and eyes, which is extremely painful – and continues with regular herbal tranquillizers, digestive powders and a sleeping pill at night. All the medicines are prepared on the premises by the patients, participating quite literally in the process of their own cure.

I attribute Guruji's healing success to two main factors. The first is his personality. It is clear that he has a well-defined professional identity and

authenticity which have their roots in his strict adherence to his own therapeutic tradition (ayurvedic medicine), in contrast to the 'flexibility' and eclecticism of many therapists in the West.

The second is that his treatment of psychotic patients fulfils most of the criteria for an ideal milieu therapy. His institution is small and near the population it serves. It is open and there is much movement between the inside and the outside. Patients have many of their personal belongings and their own clothing available to them. Small groups of patients and their family members come together with the staff members in meaningful work (preparation of medicine) and social interaction.

We know that such a humane, therapeutic community which provides predictability, certainty and continuity of experience can gradually replace the

patient's pseudo-reality with a new reality, promoting a resolution of painful tensions and enhancing self-esteem.

Guruji himself, however, emphasizes the physiological rather than psychological explanation for his therapeutic successes. 'In Ayurveda,' he says, 'the cure of mental illness takes place primarily on the plane of the body. We try to determine the bodily functions that have become disjointed...the patient should have a good sleep, eat properly and the bowels must move more regularly. If these three functions are put back in order then the patient is already half cured.'

The world seen through the eyes of Indian healers seems, at first, very different from Western tradition. Human freedom, for example, in the traditional Indian context implies an increase in the potential to experience different inner states while limiting action in the outer

world. In the West, the notion of freedom seeks to increase the potential for action in the outer world while keeping the inner state as constant, and rational, as possible.

Each culture has consistently underestimated the strength and attraction of the other. Having experienced both, I know that we would benefit from an awareness of the relativity of all healing approaches, and a recognition of the universality of their concerns. And I also know that the Western psychotherapeutic tradition could learn a great deal from the work of people like the Good Doctor of Jharsetli. □

Sudhir Kakar works at the Centre for the Study of Developing Societies in Delhi. He is the author of *Shamans, Mystics and Doctors* (Mandala 1984).

Private eye

Watch out! Is your TV off? Is your floor sticky? Down the mean streets of the urban wasteland treads psychiatrist Trevor Turner, looking for the tell-tale signs.

WHEN I first moved to Hackney in London's East End as a medical student in 1971 I saw the graffito: 'HACKNEY - AN ASYLUM WITHOUT WALLS'. Not surprisingly I have lived here ever since.

Hackney has always been a resort for madhouses and mad people. For nearly 300 years it achieved notoriety for its private madhouses. There were three major ones, standing within a few hundred yards of each other. One was founded by William Batty, who gave his name to one epithet for madness. Another, 'barmy', derives from a second of the Hackney madhouses, which was called 'Barms House'. So Hackney has left its mark on the history of madness. It's a reputation we've kept to the present day.

One of the most obvious reasons for this is what might be called 'social drift'. If you take 100 people with a very severe psychotic illness like schizophrenia and look at their parents, you find that they are absolutely typical of the country as a whole. But if you are schizophrenic, you cannot think straight, concentrate, hold down a job. You slide down the social classes and you move to areas like Hackney.

When you get here today you find that the madhouses have gone or are going. Instead there are psychiatrists like me. Many times I'm called up by a local doctor and asked to do what is called a DV - a domiciliary visit to assess the mental state of an individual.

It's always rather a thrilling event. Before I go on a DV I feel a bit like a private eye. I get out my cassette recorder, the key instrument for a DV. I unload it, check there's a fresh tape in the cartridge, load it, put the lock on, have a quick dummy run - for all the world as if it were a revolver.

Then off I go. In fact, I have to spend a

lot of my time asking silly questions of people while standing in all sorts of silly places. 'Do you hear voices!?' I shout through letterboxes and up at open windows. I often feel very foolish.

I look for certain features, like the floor. The stickiness of the floor is significant. Early one Saturday morning, for example, we visit a woman whose behaviour has led to the evacuation of the other three people in her block of flats. We knock on the door.



She lets me in. The passageway is dark. All over the wall there are little round holes, like the craters of the moon. They are caused by the end of a broomhandle being banged against the walls and ceiling. She says that one reason for her not going out is that upstairs there are about one thousand people assaulting children. She bangs against the wall to stop them. But they go on. And so does she.

The floor is very sticky. One of the reasons for this is that there are six cats living in this house. They're never allowed out. The floor is never cleaned.

There are other things I look out for. In

most houses in Hackney, like anywhere else, the TV is never turned off. If I go into a house and it is turned off I get worried. This is because a very common thing among people with mental illness, which is not properly understood, is the way they feel that other people can read their mind. It's very frightening, this - the thought that people actually know what's going on in your mind. It's like being mentally naked in the street. The TV constantly inserts its images and thoughts into our minds and some people come to feel that the news reader is talking directly to them. So they keep it turned off.

For my part, I sometimes think of the film *Psycho* as I walk up the bleaker staircases to people's homes in Hackney. And there are other things about my job that remind me too much of *Ghostbusters* for comfort.

But then, we psychiatrists are a pretty strange bunch too. Herman Bosman, a friend of mine, has written about one of his regular clients, who has long resided in a mental hospital. 'They're barmy here,' this gentleman informed him. 'Male nurses, schizophrenics, psychiatrists, paranoiacs, pathologists, homicidal maniacs, keepers and attendants.' Nor were the psychiatrists much better. 'There was one fat mental specialist with a queer glint in his eyes who kept on asking me if I heard voices. He meant when you hear voices and there aren't any. Well, I never heard voices. And if I did, I wouldn't have been mad enough to tell him. And every time I told him I couldn't hear voices, you should have seen the look of disappointment that came into his face. I have the uneasy feeling he heard voices all day long, talking all kinds of blah to him. And he wanted me to say I heard voices so he wouldn't feel so alone.'

Trevor Turner is a consultant psychiatrist.

Simply... understanding distress

EVERYONE experiences emotional distress. But we each experience it in our own way. This is why what Western culture calls 'mental illness' is difficult to define. And it is often made even harder to understand by the jargon of psychiatry: 'schizophrenia', 'psychosis' and the like. Here is an NI guide to the different forms of mental distress – the better we understand them, the less we will have to fear.

NEUROSIS AND PSYCHOSIS

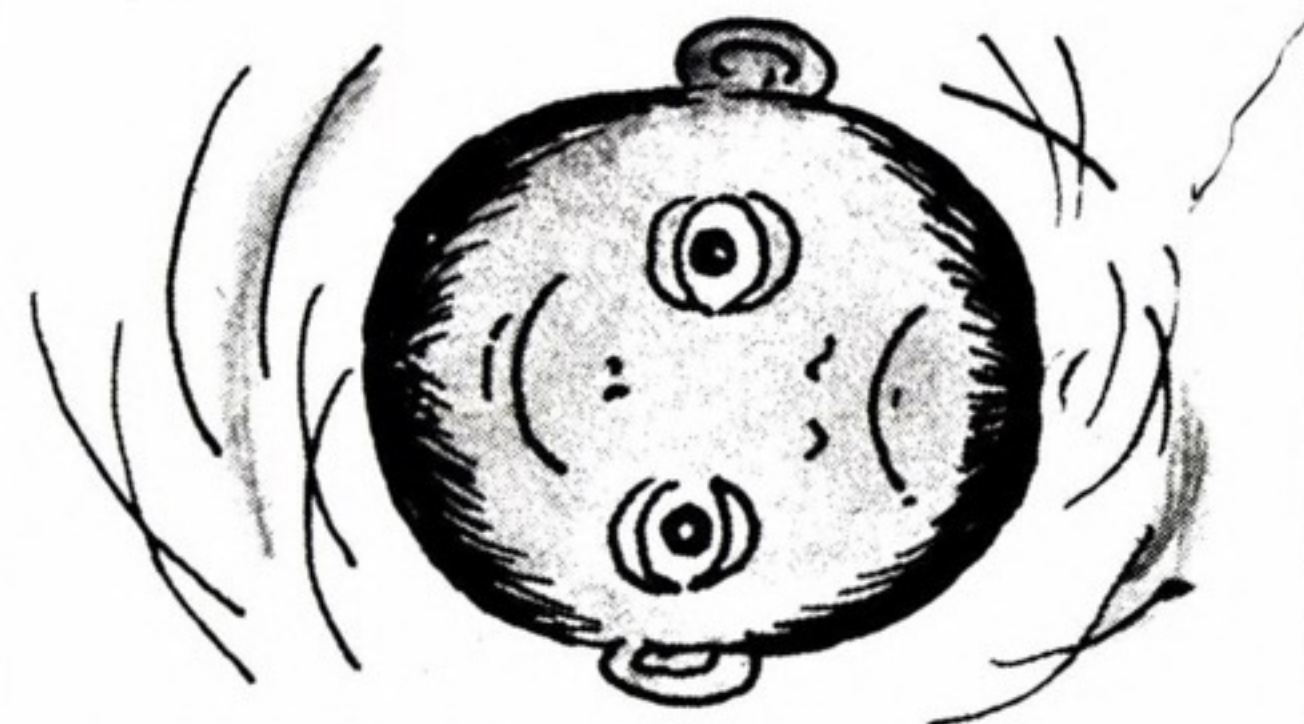


Western culture, for good or ill, separates the mind from the body. Disorders of the body are left to medical science. But there is as yet no equivalent science of the mind. The 'metaphor' of mental illness is the best we can manage. People who become 'mentally ill' develop psychological problems which affect their emotional moods and behaviour, and the way they communicate with other people. *Psychologists* study mental life and behaviour; *psychiatrists* are doctors who specialize in treating disorders of the mind. They make a distinction between 'neurosis' and 'psychosis'. *Neurosis* is the name given to the more common and less serious types of mental disorder, like anxiety. *Psychosis* is when there is, at times, such severe distress that someone seems to lose touch with the familiar world altogether. Schizophrenia, for example, is a psychosis.

SCHIZOPHRENIA

Schizophrenia does not mean 'split personality'; that is only one very rare form that this mental illness can take. There is no general agreement about schizophrenia's cause or cure, and some people even dispute that it exists. Yet one in every 200 people are diagnosed as having a schizophrenic illness at some point in their lives.

The condition results in a dramatic disturbance of thought and feeling. People start to experience the world very differently. They may come to believe that their thoughts, feelings and actions are under the control of an external force (*thought disorder*). They may experience visions, seeing, hearing or even smelling things that others can't (*hallucinations*). They may be convinced of something for which there is no obvious justification – perhaps that they are being pursued by secret agents (*delusions*).

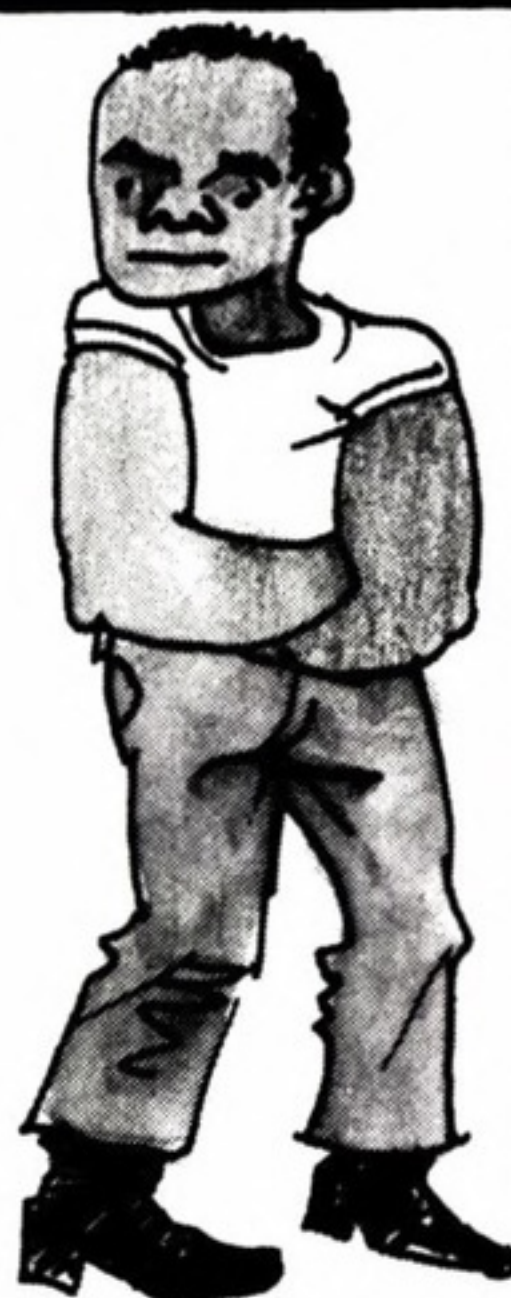


MANIC DEPRESSION

Periods of deep depression alternate with very excited behaviour (*mania*). During a manic or 'high' phase people are often very active, unable to sleep; they may spend vast amounts of money and see or hear things others can't. They may be irritable or talk so much they become incoherent. While 'low' or depressed they may feel overwhelmed by despair, guilt and feelings of unworthiness. They may become apathetic, unable to do even the simplest task.

ANXIETY

Imagine you are about to be attacked. Your muscles tense in readiness for physical action. Your heart beats faster to carry blood to where it's needed. You breathe faster to get more energy. You sweat to keep your body temperature down. Your mouth becomes dry as your digestive system slows. Once the danger has passed you shake as your muscles relax. We have similar responses to a wide variety of experience, from talking to someone new at a party to taking an exam. Some people feel anxiety very often

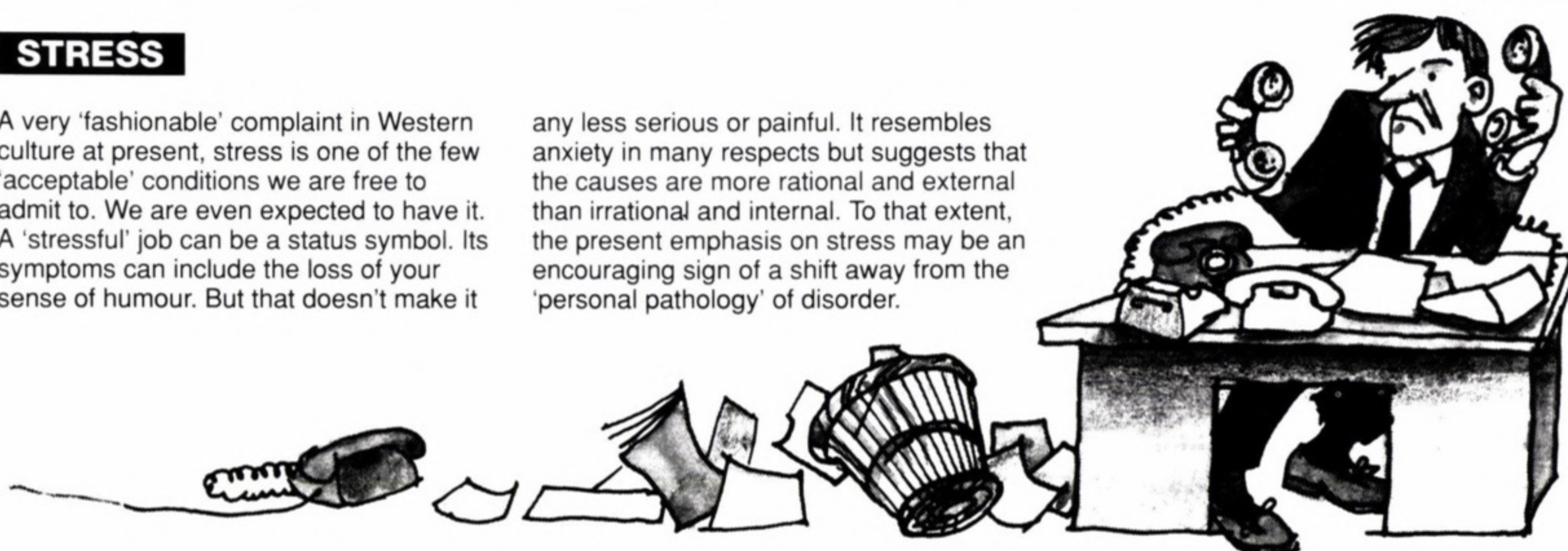


and very intensely. Sometimes a panic attack results: a pounding heart, sweating, chest pains, fast breathing and dizziness, combined with a fear of 'going mad' or out of control.

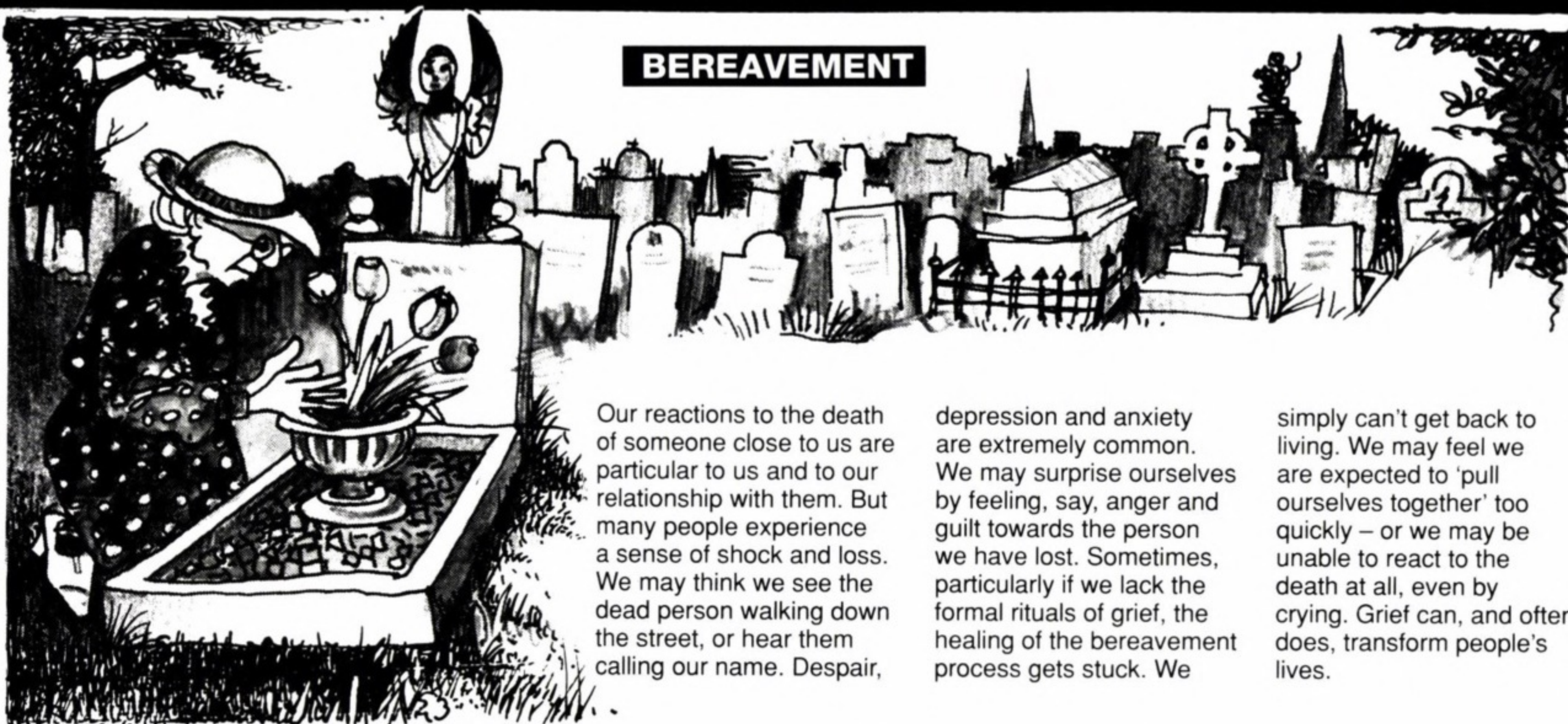
STRESS

A very 'fashionable' complaint in Western culture at present, stress is one of the few 'acceptable' conditions we are free to admit to. We are even expected to have it. A 'stressful' job can be a status symbol. Its symptoms can include the loss of your sense of humour. But that doesn't make it

any less serious or painful. It resembles anxiety in many respects but suggests that the causes are more rational and external than irrational and internal. To that extent, the present emphasis on stress may be an encouraging sign of a shift away from the 'personal pathology' of disorder.



BEREAVEMENT



Our reactions to the death of someone close to us are particular to us and to our relationship with them. But many people experience a sense of shock and loss. We may think we see the dead person walking down the street, or hear them calling our name. Despair,

depression and anxiety are extremely common. We may surprise ourselves by feeling, say, anger and guilt towards the person we have lost. Sometimes, particularly if we lack the formal rituals of grief, the healing of the bereavement process gets stuck. We

simply can't get back to living. We may feel we are expected to 'pull ourselves together' too quickly – or we may be unable to react to the death at all, even by crying. Grief can, and often does, transform people's lives.

ATTITUDES

The number of people so disabled by their distress that they have had to be cared for in institutions is relatively small. The vast majority are cared for by their own families and friends, often at enormous emotional cost. It can be as difficult for these carers to adjust as it is for the individual in distress.

The maintenance of mental health and the relief of distress depend on the attitudes of individuals, families, friends, whole societies. If we are conditioned by fear we make things worse: we get angry because we cannot understand, or else we pretend that the distress doesn't really exist.

All of us have a part to play. Support is not always as easy or as obvious a thing to give as we might like. For some distressed people any kind of heightened emotion, however 'supportive', can be destructive. We can't expect gratitude, any more than we ourselves would want charity from others. We have to learn what is appropriate to the particular individual in distress. That can be a hard, long struggle. But it is far better to face it than to run away.



SIGMUND Freud once drew parallels between 'the mental lives of savages and (European) neurotics'. Carl Jung, writing about black Americans in the 1930s, believed that 'the inferior man exercises a tremendous pull upon civilized beings who are forced to live with him, because he fascinates the inferior layers of our psyche'.

Racism is not dead. It is deeply embedded in Western culture – so deeply that few are aware, for example, how far both Freud and Jung integrated it into Western psychological theories. They were, of course, only reflecting commonly-held views of the time.

Today reactionary forces, such as the overtly racist National Front in France, seem to be gaining ground. Adherence to ethnic identities appears to be growing in strength all over the world.

On the other hand, races and ethnic groups are increasingly having to interact and learn to live together. People the world over are really not that different! In the field of mental health, the concepts of 'illness' and 'madness' reach across cultures. There is common, very fertile ground here.

But for this to be productive, and a new, better, more genuinely 'global' understanding of mental health to emerge, Western culture and psychiatry simply have to come to terms with their own racism. Racism is not unique to Western culture – what matters is that at present the West has the economic and political power to go with it.

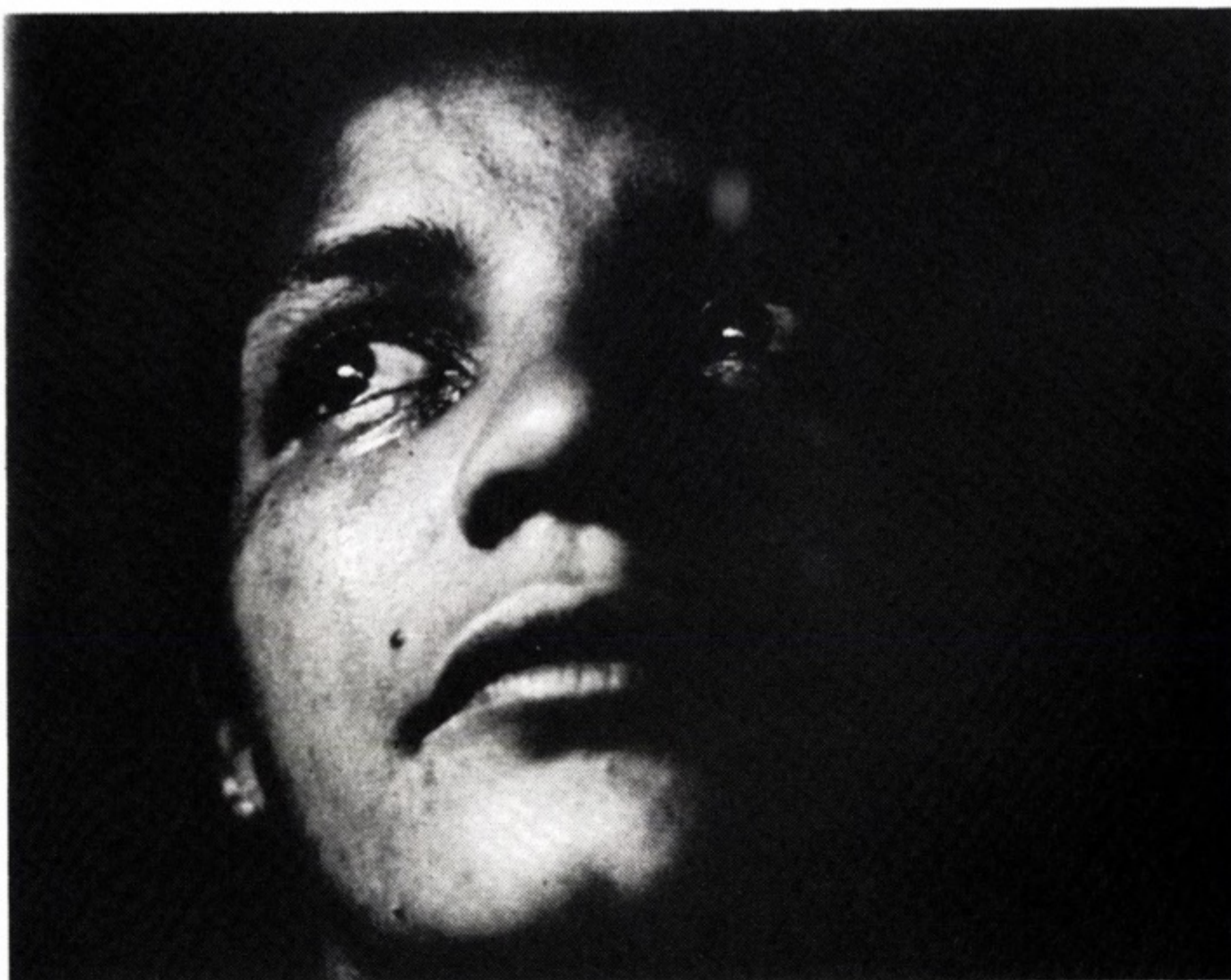
Throughout the past 300 years racism has distorted Western thinking about other people and their cultures. First, Rousseau's concept of the 'Noble Savage' proposed that 'savages' who lacked the civilizing influence of Western culture were free of mental disorder and it was this idea that many psychiatrists in England, France and the US latched on to in the late eighteenth and the nineteenth centuries. Second, about the same time, there was a view in Europe that non-Europeans were mentally degenerate *because* they lacked Western culture. Finally, some psychiatrists in the US argued that the black person was relatively free of madness in a state of slavery, but became prey to mental disturbance when set free.

Underlying all these views were racist assumptions about black people, their cultures and their place in society; civilization was associated with white races and primitiveness with others.

A new approach to mental health must stand apart from existing power

The same difference

The greatest Western psychoanalysts were tainted by racism. Suman Fernando points the way to a view of mental health that would be worthy of our rich and diverse world.



come to be better understood in dynamic balance or imbalance with each other, and with others – social, cultural, spiritual and cosmological.

In psychiatric research and theory, self-knowledge could eventually replace objectivity as the basis for understanding. Psychiatry would take on the study of consciousness, including altered states of consciousness, without identifying some states as 'pathological'. So people who 'hear voices' or have intensely meaningful experiences would no longer be seen as 'pathologically hallucinated' or 'suffering' from various symptoms. Illness would be about disturbances of balance – within individuals, families, and societies in relation to the universe.

The second thing we have to do is restructure the way we organize mental health care. The World Health Organization (WHO) spreads the gospel according to Western psychiatry. The ethos of psychiatry suits the marketing of Western drugs and fails to address racism. So, rightly or wrongly, one gets the impression that the WHO itself is condoning racism and is dominated by Western economic interests. This alliance must be broken.

At a national level changes are needed in both rich *and* poor countries. Western economic pressure may be creating mental ill-health in the Third World; and Western 'hi-tech' psychiatric methods are so inappropriate in this context that they may be doing little to mend the damage. Western 'aid' in the mental-health field must change gear to address the needs of the people it is supposed to help: concentrate on the villages and towns where most poor people live; require as little capital investment and new training as possible; and make the maximum use of local talent and resources.

In the Third World, governments and mental-health professionals must also change their attitudes. They must face up to the limitations of the Western model – though the baby of Western expertise should not be thrown out with the bathwater of its failings.

Finally, mental health must be seen as something applicable to people – to individuals, families and communities. So promoting mental health is about personal interactions, the stability of communities, relationships between groups of people and even matters of international peace and harmony.

The principles of mental-health promotion must be clear: a commitment to social equity, community participation

structures. It must accept the fact that most of the world is neither culturally Western nor racially white. It must recognize the validity of the black experience in a white-dominated world. It should acknowledge the importance of concepts about human life from Asia and Africa and the relativity of all 'knowledge' in a subject that encompasses human feelings, beliefs and behaviour.

First of all, we have to redefine mental illness. Many forms of human distress and misbehaviour, seen through Western eyes as 'illness', are not medicalized in other cultures. Eastern psychotherapies, for example, deal with contemplative awareness; 'neurosis' can be a path to enlightenment for a Buddhist.

Much of Western psychotherapy is currently directed towards problem-solving or decision-making, reflecting the value given to personal self-sufficiency and the control of events by Western culture. In Western thinking an illness is generated by *causes* arising from biological or psychological change.

In older cultures all changes are seen as relative – as in the thinking of modern physics. And it is just possible that Western ideas in psychiatry could be incorporated into a relativity model. Biochemical and genetic influences might

and ensuring a 'technical fit' with what can actually be achieved on the ground. Mental-health promotion programmes in the Third World must start off with clear aims *before* seeking help from Western countries. They must steer clear of any involvement with Western drug firms.

The final vision is of a world in which the concept of illness would remain but would not be fixed in firm categories assumed to be universal. Mental health is not unlike happiness or sorrow, which are relative rather than absolute. There would be diversity within unity.

Different cultures should be understood as different paths towards the same basic goal – that of living together in peace, in communion with one another and our environment. Mental health is different because of culture and race yet the same irrespective of either. That is a paradox – but it is also the reality. □

Suman Fernando is a psychiatrist at Chase Farm Hospital in Enfield, UK. He is Chair of the Transcultural Psychiatry Society (UK). His book *Mental Health, Race and Culture* will be published by Macmillan in 1991.

No word for anxiety

Psychologists Aruna Mahtani and Afreen Huq look back with mixed feelings on their special project for Bangladeshi women in Britain.

OUR training as mental-health professionals is supposed to be 'colour blind'. That sounds fine but in practice it means that people from black and ethnic groups get a raw deal because their particular problems are seldom acknowledged. Even when they are provided for it usually amounts to their being dumped on the few professionals from black and ethnic groups.

So we decided to pilot a project involving Bangladeshi women from Tower Hamlets in the East End of London. The largest Bangladeshi community in Britain lives in Tower Hamlets – at least 40,000 people. Most migrated in the 1960s and 1970s. Adjustment was difficult and the transition from a rural to an inner-city setting was hardest for women. They found themselves confined indoors, isolated and without the networks of social support they were used to in Bangladesh.

Many of these women turned to their doctors with common symptoms of anxiety, such as palpitations, headaches, tearfulness, sleeping difficulties, chest pains, loss of appetite and lack of energy. They were usually prescribed tranquillizers or even placebos like ascorbic acid (Vitamin C). Since the underlying causes remained, the women visited their doctors with increasing frequency. And some were referred on to mental-health professionals like us.

We wanted to see how normal Western approaches to anxiety problems might work when applied across cultures. Our first step was to get an anxiety-management package translated. No easy task: there is no colloquial expression in Bangla for 'anxiety'. We used two approximations, *dushchinta* ('undue worries') and *udhbeg* (a word generally used only in its written form).

We knew we had to have a women-only group. A mixed one would have been unacceptable to both the women and their families. Bangladeshi women rarely go out

alone. Their cultural background is that of a small rural community where women tend to go out with family members or neighbours. In Britain they are even less likely to go out due to fear of racist abuse and harassment, as well as language difficulties.

So many things in the standard approach had to be changed. We had to translate many of the usual examples – we would normally compare learning to relax with learning to drive, for instance, which would not have been culturally appropriate. At first we asked the women to rate, on a scale one to ten, the effect of relaxation on their level of anxiety. They found numbers an odd way of expressing how they were feeling. So we shifted our focus to words and talked of five stages from 'very good' to 'very bad'.

It was a pilot project, so there were shortcomings. We looked for too little back-up, naively taking on too much, like driving the women to and from the centre. We did not collect as much objective data as we might have done with a white group. We fell into the white stereotype of assuming that Bangladeshi women would find the use of various checklists and written records foreign. Perhaps racism has conditioned us to a greater extent than we expected.

But the rapport between us and the women in the group was instantaneous, probably because we share not just a language and culture but a common experience of racism. The importance of having bilingual and ethnic staff is clear.

We found that using a Western model across cultures has potential. But it needs political, financial and personal commitment. And the lack of response by the authorities in Tower Hamlets leads us to conclude that 'institutional' racism is very much alive and kicking.

Aruna Mahtani and Afreen Huq are clinical psychologists. Aruna Mahtani is co-author of *Transcultural Counselling in Action* (Sage).



Worth reading on... MADNESS

The work of Dorothy Rowe is clear, beautifully written and much more satisfying (though longer) than most of the DIY mental health guides. Try her **Beyond Fear** (Fontana/Collins 1987). Sudhir Kakar's fascinating **Shamans, Mystics and Doctors** (Mandala Books 1982) shows how to cross cultural divides. The medical authority is Julian Leff **Psychiatry Around the Globe** (Gaskell/Royal College of Psychiatrists 1988). But read Suman Fernando's **Race and Culture in Psychiatry** (Tavistock/Routledge 1988) immediately afterwards. For compulsive readers, two classics still retain their power today. Michel Foucault's **Madness and Civilization** (Tavistock/Routledge 1967) is intriguing, Eurocentric and almost understandable. Franz Fanon's **The Wretched of the Earth** (Penguin 1967) is the best book ever likely to be written about the impact of colonial domination on human feeling.

Ideas for Action

INTERNATIONAL

World Federation for Mental Health, 1021 Prince Street, Alexandria, Virginia 22314-2971, USA. Tel: (703) 684 7722.

AOTEAROA/NEW ZEALAND

Mental Health Foundation, PO Box 37-438, Parnell, Auckland. Tel: (09) 303 1517. **Canterbury Association for Mental Health**, PO Box 13502, Christchurch. Tel: (03) 663 225.

AUSTRALIA

Association of Relatives and Friends of the Mentally Ill (ARAFOMI), Wicks Road, North Ryde, NSW 2113. Tel: (02) 805 1883. **Mental Health Association**, 62 Victoria Road, Gladesville, NSW 2111. Tel: (612) 816 1611. **Schizophrenia Fellowship**, NSW branch: Macquarie Hospital, North Ryde, NSW 2113. Tel: (02) 878 2053. Victorian branch: PO Box 236, Prahran, Vic 3141. Tel: (03) 521 2433.

CANADA

Phoenix Rising, 394 Euclid Ave, Toronto, Ont M6G 2S9. Tel: (416) 929 2079. **By Ourselves**, 2054 Broad St, Regina, Sask S4P 1Y3. Tel: (306) 525 2613. **Solidarité Psychiatrie**, 7401 St Hubert, Montreal, Quebec H2R 2N4. Tel: (514) 271 1653.

UNITED KINGDOM

MIND (National Association for Mental Health), 22 Harley Street, London W1N 2ED. Tel: (071) 637 0741. **The Richmond Fellowship**, 8 Addison Road, Kensington, London W14 8DL. Tel: (071) 603 6373. **Women in Special Hospitals (WISH)**, 25 Horsell Road, London N5 1XL. Tel: (071) 609 7463.

UNITED STATES

Coalition Against Psychiatric Oppression, David Oaks, PO Box 11284, Eugene, OR 97440. Tel: (503) 341 0100. **National Association of Psychiatric Survivors**, PO Box 618, Sioux Falls, SD 57101 0618. Tel: (605) 332 9124. **National Association for Rights Protection and Advocacy**, c/o Bill Johnson, MHAM, 328 E Hennepin Ave, 2nd Floor, Minneapolis, MN 55414. Tel: (612) 331 6840.

ENVIRONMENT

Gloom

Pollution is poisoning the future of Eastern Europe

Two huge thermal power stations stand shoulder to shoulder on the edge of the charming university town of Pecs in southern Hungary. Both burn polluting brown coal to produce electricity for this energy-hungry part of the country. The main stack belches out clouds of black smoke. The other emits next to nothing – an efficient Swiss filter has been fitted which removes most particles and dust.

Behind the dramatic and sudden political, economic and social shifts sweeping through Middle Europe looms a grim legacy of 40 years of resource exploitation and environmental neglect. The region is scarred by ruined forests and watersheds eaten away by acid rain and other pollutants, rivers and lakes fouled almost beyond recovery, croplands contaminated with agricultural poisons – not to mention crumbling cities besieged by a virulent assortment of airborne chemicals.

'Where does the destruction of our natural environment end?' laments a member of Poland's Ecological Club. 'We are killing our heritage and pillaging our children's future.'



Illustration: Korky Paul

The evidence can be seen all over the region:

- The health of 2.6 million people in the Silesian Industrial Zone in south-west Poland is endangered by industrial filth. The Vistula is so full of pollu-

tants that its waters are unfit even for industrial use along 80 per cent of its total length.

- In Hungary every 17th death and every 24th disability is attributed directly or indirectly to air pollution.

- In the Czechoslovakian town of Bratislava, cancers have risen by a third, heart complaints by 40 per cent, infant mortality by two-thirds and miscarriages by half since 1970, thanks to deadly air pollutants emitted from nearby industries.

- In just one year, 1986, over 88,000 children and 63,000 adults in the Romanian town of Giurgiu were treated for lung diseases brought on by rampant air pollution.

Birth rates in Eastern Europe have stagnated for 30 years. Hungary's population is actually falling by 7,000 a year, according to this year's State of the World Population Report from the United Nations Population Fund.¹ The low birth rates may be an expression of deep pessimism about the future, a pessimism brought on partly by polluted air and poisoned water, vanishing forests and crumbling towns.

With growing environmental problems and poor family-planning services, Eastern Europe's problems mirror those of the developing world. Unless the region can clean up its act, there will be little chance of balancing its future development with the needs of its people.

Don Hinrichsen

¹ *The State of World Population 1990*, Report by Dr Nafis Sadik, Executive Director of The United Nations Population Fund.

INDONESIA

Backstreet becaks

Ban threatens livelihood of drivers

THERE was a time when the humble pedicab driver was the symbol of the hard-working migrant who left the village for the bright lights of Jakarta. Now this basic means of subsistence for between 50,000 and 100,000 urban migrants has been outlawed. The city government has decided to clear the streets of the unsightly pedicab in the interests of humanity and prestige. Drivers who continue trying to ply their trade are having their rickety three-wheeled *becaks* carried out to sea and dumped.

When times were bad the scrawny *becak* driver, in ragged shorts and felt cap, with his market gossip and homespun street philosophy, was often the first to express discontent. Now, as the year-end deadline for removing

the *becaks* from Jakarta's streets approaches, the city government is facing some stiff resistance.

In many cases the *becak* drivers have put up a fight to prevent their livelihood from being carted off. Over 200 drivers took their protest to Parliament in mid-February. Many are taking their trade away from the main thoroughfares and into the back streets where they take people to market and bring children back from school.

Why exactly the authorities wish to deprive so many thousand people of their bread and butter when the *becak* is cheap, pollution-free and makes up for the deficiencies in mass transit, is a mystery. Jakarta's Governor Wiyogo Atmordarminto insists that to drive a *becak* is a degrading occupation, considering Indonesia's level of development. He suggests alternatives – buses, the motorized three-wheeled *baja*, passenger-carrying motor scooters called *ojeks* – or walking.

The options for former drivers are bleak. Neither return-

ing to their villages nor joining the Government's resettlement scheme in the outer islands appeals. On a good day a driver could make over \$2.75; if he has a month of good days he earns more than a civil servant. 'The majority of those who have had their *becaks* taken away have stayed here. They cannot return to their villages, there is nothing to do there,' says one driver.

Opposition to the ban has forced Governor Wiyogo to apol-

ogize publicly for the heavy-handed tactics of the authorities. He has also hinted that the order came from above. The phase-out has been brought forward, some believe to curb potential unrest prior to the 1992 elections. Thousands of street vendors have also been banned from Jakarta, sparking further protests.

Michael Vatikiotis/Far Eastern Economic Review



More dignity in the *baja*, but few options for Java's *becak* drivers.

Photo: Hugh Birrell

TRADE

Taming tigers

US pressure on Newly Industrializing Countries

THE trade war between the US and Asia's 'Four Little Tigers' (South Korea, Taiwan, Hong Kong and Singapore) is hotting up. Doubts are being raised as to whether their formula of 'export-led' economic growth can be sustained.

Back in October 1987 a senior US Treasury official, David Mulford, quipped: 'Tigers live in the jungle, and by the law of the jungle.' Since then Washington has revoked the tariff-free entry of many goods from the Little Tigers and forced revaluations of both the South Korean and Taiwanese currencies. Both these countries have also been required to bring down their own protective barriers on a wide range of goods, from computer software to cigarettes.

IBM, the US computer giant, is demanding royalties from South Korean and Taiwanese clone-makers. Since the US is the main market for their goods, they have little choice but to pay up. Two other US giants, Intel and Texas Instruments, have successfully sued Korean chipmakers Hyundai and Samsung respectively. Exports to the US from both South Korea and Taiwan have slowed, while their imports from the US have grown sharply.

On top of this, the environmental time bomb that has been ticking away for years now seems ready to explode. Dr Edgar Lin, Taiwan's leading environmentalist, estimates that at least 30 per cent of the annual rice crop is dangerously contaminated by heavy metals like mercury and cadmium. The atmosphere of Seoul, the South Korean capital, has one of the highest concentrations of sulphur dioxide anywhere in the world.

One former senior official of the Korea Development Institute recently admitted: 'Old formulas for keeping the economy on track, usually technocratic solutions developed in a political vacuum, are no longer appropriate.' The Four Little Tigers have often beaten the odds in the past, but new ingredients will be needed to keep the formula working.

Walden Bello and Stephanie Rosenfeld/Third World Network.

BRAZIL

Invasion

Threat of extinction faces Yanomami people

FOR several years now the Yanomami Indians of Brazil have been threatened with extinction. Marauding gold miners (*garimpeiros*) sweep through their lands causing destruction and spreading diseases against which they have no resistance. Time and again local politicians and those with business interests have used their influence to overturn or ignore court decrees to evacuate the 45,000 *garimpeiros* once and for all.

The miners were originally to be moved on 8 January 1990. But the celebrations were short-lived. The very next day the Justice Minister Saulos Ramos called the operation off, breaking a Federal Court decree. The Government had capitulated to vested interests – the army, the *garimpeiros* and the Governor of Roraima who wanted to keep the miners' vote.

Instead the Government designated three areas of 'National



Davi Yanomami: leading protests

Forest' as temporary bases to which the miners could be evacuated. These were still within the larger Yanomami Park as defined by a 1985 decree, but outside the minimal 19 separate pockets ruled as Indian land in 1989.

It now appears that the Government is moving them to only one area, on the Uruicaa River, probably to avoid further confrontation with the courts. The Government claims that 10,000 miners have already been put on buses to their place of origin. Observers confirm, however, that evacuation is progressing at a snail's pace.

The removals have been hampered by a serious lack of aero-

planes and helicopters. The few craft of the disposal of the Government Indian Agency FUNAI have frequently broken down. Some miners – the destitute or ill – are glad to leave and accept the free lift. Others have resisted with a show of arms. Some have gone on foot to Catroimani, in the heart of the Indian land.

Meanwhile the area of Roraima, where most of the Yanomami's territory is situated, remains in a state of confusion. The police chief Tuma was taken to court by one judge for breaking an October 1989 decree to remove the miners, only to be let off by another a few weeks later.

What is certain is that the Yanomami are in a critical state, with imported diseases spreading to epidemic proportions in communities close to the miners. Efforts to help them have been hampered by a crippling shortage of transport and medicine. Up to 1,500 Indians may have died over the last two years as a result of the gold miners' presence on their land.

Survival International

AGRICULTURE

Small fry

Disaster à la carte as shrimp farms grow

ARATHER tasty crustacean is at the bottom of turmoil in two geographically distant areas of the world. Shrimp farming is creating unemployment and environmental havoc in both Bangladesh and Honduras.

Last year shrimps earned Bangladesh nearly \$150 million in hard cash. Shrimp farmers dig canals to bring salt water to enclosed areas where shrimps are

cultured. This salinates the surrounding land, reducing its fertility and rendering it completely unfit for rice cultivation in a couple of years.

A survey conducted by Chittagong University's Economics Department showed that the Satkhira region, which produced 40,000 tonnes of rice in 1976, yielded only 360 tonnes ten years later. About 40 per cent of the 300,000 inhabitants have been driven off the land by the shrimp firms mainly in the direction of the overcrowded cities.

In Honduras powerful members of the Honduran military

and the ruling Nationalist party are large investors along with Ecuadorian and US multinational interests. The US Agency for International Development has financed seven large shrimp-farm loans for over \$6.5 million in the last three years.

Shrimp farming currently takes up 5,500 hectares and is projected to take up 15,000 hectares by 1995. The mangrove forest in the region has already been reduced by half. Red and black mangrove trees constitute the primary forest of barren southern Honduras. They nurture organic matter, protect sea lands against erosion, provide habitat and food for marine life, and serve as a cattle forage crop.

Local fisherpeople are not only being hustled out from what they consider to be community lands, but also being denied access to estuaries closed off by shrimp companies. In addition the companies are being accused of fishing out shrimp larvae from the sea, creating an acute shortage for fisherpeople.

However public protests are gathering momentum as people realize that shrimp farming is a recipe for disaster.

Tabibul Islam/ Third World Network Features and Denise Stanley



Honduran fishermen: 'NO to the development of the Tagumes.'

MEDIA

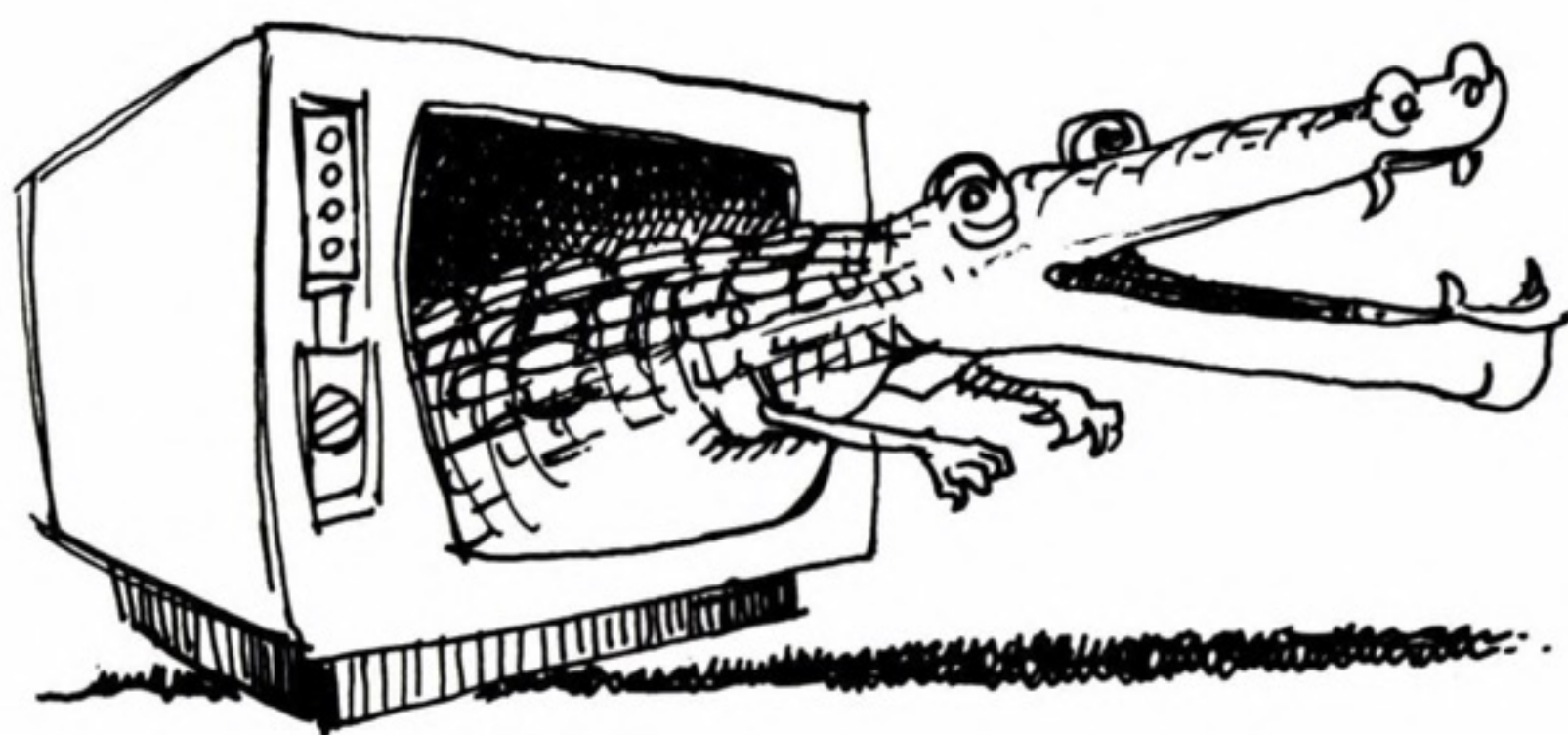
Crash TV

A new trend in entertainment called Crash TV is drawing protests. Crash TV or action-orientated game shows which have violence and pain as their central themes are being produced in several countries – some would put the screening of boxing in the same category. In *Rollergames*, which went on the air in the US and Canada in September 1989, teams skating on a figure-eight path

repeatedly elbow, slug, trip, throw and generally attempt to injure each other as part of the competition. At the end, representatives from each team compete in a 'Sudden Death' face-off where they attempt to throw each other into a pit of live alligators.

The International Coalition Against Violent Entertainment is asking governments to prohibit the importation of such violent game shows and introduce measures to control TV violence.

From Consumer Currents 123, 1990



RELIGION

Amazing grace

The Phnom Penh government has restored the right of Christians to meet for worship for the first time since all religious practice in Cambodia was banned by the Khmer Rouge 15 years ago. Phnom Penh legalized Buddhism and Islam after Vietnam ousted the Khmer Rouge regime in 1979, but Christians were still prohibited from meeting. Now Hungary, which lobbied the Cambodian government to recognize Christianity, is helping to raise funds to rebuild several churches in Phnom Penh.

From Far Eastern Economic Review, Vol 147 No 13

EDUCATION

Literacy year

Nearly 1,000 million adults in the world, most of them women, can neither read nor write, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO). Launching International Literacy Year 1990, UNESCO's Director General said that the absolute number of illiterates had begun to decline for the first time in history.

However there was one area where advancement was particularly slow – the education of women and girls. Asia accounts for 666 million illiterates, three-quarters of the world's total. But the highest rate of illiteracy is in Africa, with 54 per cent of the adult population.

From Reuter

SOUTH AFRICA

Scotland's apartheid connection

A new report from the Scottish Education & Action for Development Campaign highlights companies profiting from apartheid whose decision-makers are based in Scotland.

Listed in the report are multinationals which have South African or Namibian subsidiaries. Also listed are the figures for total British trade with South Africa: they show the comfortable surplus of £270 million (\$445.5 million) that is black South Africans' contribution to maintaining the British way of life.

From Supping With The Devil: Scotland's Apartheid Connection, available from SEAD, 29 Nicholson Square, Edinburgh EH8 9BX, Scotland, UK, at £4.25 inc p & p.

OVERSEAS AID

US U-turn

Having opposed foreign assistance to Vietnam for more than a decade, the US has done an about turn and advised the International Monetary Fund (IMF) to lift its lending embargo, which has been in place since 1985. It has asked the IMF to sell \$1.2 billion in gold to 11 of the world's poorest nations to help them pay off debts to the fund.

The countries to be helped include Cambodia and Vietnam. Yet it was only as recently as September 1989 that Washington blocked Vietnam's re-entry into the international economic community, demanding that the country first contribute towards a comprehensive political settlement of the Cambodian conflict.

From Far Eastern Economic Review Vol 147 No 12

AGRICULTURE

The daily grind

Small diesel-driven milling machines, which do in five minutes what used to take four hours by hand, have liberated women in 15 villages in The Gambia from drudgery and led to a healthier diet for all.

Today, women take their millet to machines introduced four years ago under a project funded by the United Nations. It is ground by trained operators chosen by the community and the women pay 1.5 US cents a kilo.

Women from other villages walk for miles to make use of the West German machines. As yet only five per cent of Africa's villages have machines to grind coarse grain, according to an official of the UK-based Intermediate Technology Development Group.

Some women freed from their grinding tasks are growing maize, beans, rice or peanuts, bringing them a cash income for the first time. In the village of Faraba Banta, close to the Senegal border, the women have expanded the vegetable garden to grow nutritious food including cabbages, onions and tomatoes.

The benefits are not only

financial. Physically exerting work during pregnancy has been shown to lead to smaller babies. Now healthier children should be born, and women will have more time to look after them as well as to grow food.

From South No 113 1990

HUMAN RIGHTS

Snuffing out rights

Colombian and Peruvian government campaigns against the cocaine industry have directly contributed to deteriorating human rights in both these countries. They are already among the most violent in the world. In 1989 3,211 people in Colombia and 2,750 in Peru died because of political violence, many by government forces and paramilitary death squads. The fate of another 400 Peruvians and 114 Colombians who disappeared remains unknown.

Government response to the cocaine threat has been to grant wide powers to the military to confront drug producers and traders. However, the measures adopted by the armed forces, instead of winning the support of the local people, tend to be repressive. All too often ordinary civilians are caught in the crossfire, particularly those active in opposition parties and popular movements. As both countries' security forces are using international anti-drugs aid for their operations it looks like such aid is directly contributing to the violation of citizen rights.

From Colombian Committee for Human Rights - Peru Support Group, 20 Compton Terrace, London N1 2UN. UK.

"endquote"

'In the US annually we lose 16 to 18 tons of topsoil per hectare from farmland – two or three times the replacement rate ... A layer of topsoil eight inches deep produces 99 per cent of all the food we eat.'

Martin J Haigh vice president of the World Association of Soil and Water Conservation (WASWC), in Earthwatch April 1990.

'Old age is not so bad – when you consider the alternative.'
Maurice Chevalier

A brilliant band

Does sending well-intentioned Westerners to do aid work in the Third World do more harm than good?

Naomi Roberts writes from experience.

ONCE I saw myself as one of a brilliant band of aid workers. I applied to do Voluntary Services Overseas (VSO). Getting them to take me on had taken some persuasion: developing countries do not generally put in requests for people in my profession – clinical psychology. But I was eventually sent to Ghana. And only now, two years after my return, am I finally beginning to make sense of my experience there.

As a volunteer aid worker I was a failure. Instead of staying the requisite two years I came home after just nine months. In some senses the VSO system had failed me – but I did not see it that way at the time. I had given up a good job to go there and when I came back after the adventure I had looked forward to for so long, I was very disappointed with myself. I hadn't coped.

What made it worse was that in order to explain the frustrations that I had experienced I found myself making stereotyping judgments about Africans as lazy – not even caring to look after themselves – and as unreliable. I did not think of myself as a racist but my experience of working in Ghana was making me irritable and critical, the first step on the way to making racist judgments. I felt very guilty about it but this guilt was not very productive.

My job in Ghana was to teach young men and women doing their National Service about community health work in the villages. I lived in the village myself and waited for my students to arrive. But the students did not arrive. Due to a shortage of teachers the recruits were more urgently needed in schools.

Another strand of my job was to teach management skills to local health workers. So I put on courses and workshops for various groups involved with health in the district. I became annoyed and offended when nobody turned up. After a while I realized that nobody had asked them if they wanted or needed to learn management skills.

I had staked a lot on coming to Ghana and wanted to make a contribution. But what I thought of as a contribution often seemed to be less appreciated than the things I thought of as irrelevant and boring. A few words of mine addressed to local people who were raising money to sink a well in their remote village had apparently made all the difference, I was later told. I heard this with embarrassment, remembering how terribly bored and miserable I had been sitting there on a long

hot afternoon, hardly understanding a word as chiefs and elders talked to our delegation in local dialect.

During those months I became anxious, short-tempered and critical. I caught myself shouting at people or giving them lectures about elementary things like the importance of oiling their bikes (I later discovered that oiling bikes in dusty regions wears out the moving parts rather than preserving them). I felt I was becoming a caricature of the colonial lady in the 1950s film, ticking off 'the natives' in a ringing upper-class voice. Thankfully, I decided to go home before I really cracked up.

But on my recent visit to Ghana I found that my attitude to everyday life in Africa had changed radically – mainly because I was not working on a project whose usefulness I doubted, trying to achieve things and getting frustrated. I did not have to justify my being there. I could sit for hours on buses without worrying about how much time I was wasting. I found myself tolerant of Ghanaian customs that I had previously criticized, like the enormous amount of time and attention given to funerals. I felt calm and happy. Because I had not come to make a personal contribution I was able to see Africa with open eyes.

If you go somewhere determined, with the best of intentions, to make changes for the better, you are likely to be on the look-out for faults to correct. The more workers are sent from the developed world, the louder is the message to the recipients of aid that *other people know best*. People in poor countries lose touch with their own ways of meeting their needs – and may be too polite to tell foreign volunteers that they are compounding the problem. When I was asked to speak at my farewell party I said that I felt a Ghanaian could have done my job and that was one of the reasons I was leaving. I have never been cheered so loudly!

Looking back on it now, I am not sorry that I went. I learned a lot about development and about myself and about some of the origins of racist thinking. But I was the most expensive single piece of aid donated to that district of Ghana – more than the money for sinking wells – so it is relevant to ask whether it was worth it.

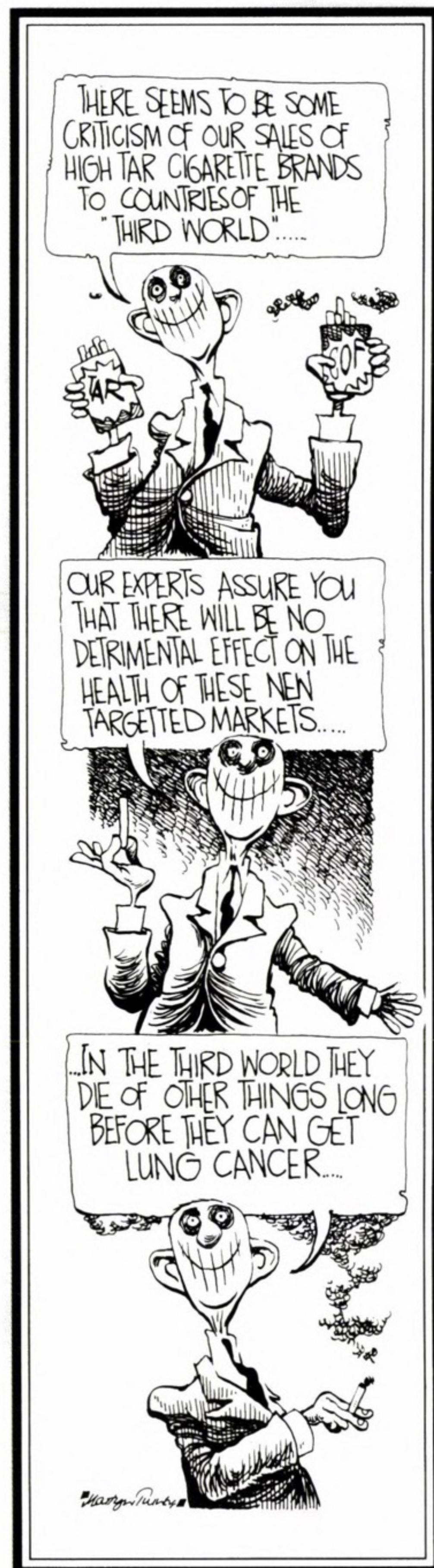
Naomi Roberts now works in Bristol, UK, as a clinical psychologist in the National Health Service.



Illustration: Clive Offley

I think.

by Martyn Turner



FRONT LINE AFRICA



THE RIGHT TO A FUTURE

★ BOOKS

Front Line Africa – the Right to a Future

by Susanna Smith (Oxfam)

This book is timely – and surrounded by controversy. It forms the centrepiece of Oxfam's Front Line Africa campaign and has prompted an inquiry by the UK Charity Commissioners into the agency's political campaigning activity. It has also provoked a spate of anti-Oxfam stories in the British media.

Looking at the book one is tempted to ask what all the fuss is about. Its tone and contents are hardly revolutionary. Rather it is a calm, thoroughly documented and well-illustrated report drawn from Oxfam's 30 years' experience of working in Southern Africa. Newspaper reports, photos and personal accounts intersperse the often somewhat dense copy. What emerges is a cool, comprehensive picture of how the evil machine of apartheid routinely devours lives and sabotages all hope of peace and development.

We have the personal testimony of the South African Oxfam partner detained and tortured by security forces before being forced into exile; the telex messages from Oxfam's Mozambique office saying that South African-backed rebels have just burst into a hospital full of women and children and massacred over 400; and the telex that tells the dreary tale of Oxfam emergency relief trucks blown up by the agents of apartheid.

What makes **Front Line Africa** controversial is also what makes it particularly useful – that a third of it is entirely devoted to the political and economic steps the rich world can and should take to hasten the

end of apartheid. It is absurd that Western citizens should give money to help victims of apartheid in Mozambique and Angola, only to find their own elected governments undermining that work by continuing to trade with South Africa. Development agencies are well placed to make this point with the authority of people trying to get a job done. One can only hope that policy-makers (and knee-jerk media pundits) will take the trouble to read beyond the title.

Politics ★★★★★
Entertainment ★★

1001 Ways to Save the Planet

by Bernadette Vallely (Penguin)

The trouble with book titles like this is that the optimism they inspire is fast eroded by the guilt-making subtitle; in this case 'How you can change your lifestyle now...'

We know we should, of course. We want to help, as long as it doesn't take too much



time or effort, or make us too obsessive and puritanical. And this book is the best possible help, managing to be both positive and non-preachy. It delivers just what it promises in the shape of 1001 short paragraphs, each containing a simple practical idea which might be put into practice in our daily lives. It avoids the pitfalls of other so-called green guides which might tell you which lead-free BMW to buy but which neglect to deliver the most essential message of all about consuming less.

Some examples: cut out paper towels and handkerchiefs – use washable fabric ones instead; reject chemical scourers in favour of the traditionally effective baking soda; and go back to wind-up watches and fountain pens to reduce the number of waste batteries and plastic pens. Often these have the flavour of turning back the clock but they are nearly always sensible.

The book also touches on problems such as cash-crop

production in the Third World. On these more complicated issues the short-paragraph style is less satisfactory, leading to over-simplification, but at least it



puts these concerns on the green consumer's agenda. Regular NI readers will be pleased to note that frogs' legs get a mention – our *Briefly* page has long campaigned against this gruesome trade.

1001 Ways to Save the Planet deserves to experience the irony of being consumed in vast quantities – and it's interesting that Penguin has been willing to launch it towards a mass readership sheathed in a determinedly dowdy recycled cover.

Politics ★★★★★
Entertainment ★★★★★

Work & Study in Developing Countries

by David Sheppard (Vacation Work)

We are often asked for guidance by idealistic readers seeking work in the Third World. This directory is aimed at people based in the UK, though it lists a substantial number of organizations in North America and Continental Europe as well. It focuses not just on voluntary work nor even on organizations whose interest in developing countries is primarily humanitar-

ian. Thus the accountancy firm Price Waterhouse, which takes on a great deal of work in Africa, is listed alongside groups such as the Bangladesh Workcamps Association and the Maryknoll Lay Missioners. But that makes it all the more useful a guide.

Available from Vacation Work, 9 Park End Street, Oxford OX1 1HJ, UK.

★ FILM

Sidewalk Stories

directed by Charles Lane

Filmed on the streets of New York in midwinter on a very low budget, this is an unusual and original film. Written by, directed by and starring the young black American film-maker Charles Lane, **Sidewalk Stories** is not only almost completely without dialogue, it's also shot in crisp black and white rather than the now-regulation colour.

The issue of homelessness is at the heart of the movie but Lane manages to integrate it within a storyline which could quite easily have walked out of a Charlie Chaplin film of 70 years ago. He plays a street artist, just one of many down-trodden but not downhearted characters getting by as best they can amid the urban squalor. Sharing his stretch of pavement with a juggler, a dancer and various other human flotsam, the Street Artist attempts the odd portrait for a paying customer but spends most of his time sitting around wistfully. Then one night in an alleyway he witnesses a murder and finds himself lumbered with the dead man's child. Our hero then has to cope not only with a lively two year old but also with his burgeoning infatuation for a woman quite a few rungs above him on the social ladder.

In the absence of speech –



Sidewalk storyteller: the multi-talented Charles Lane with friends.

or even silent movies' traditional inter-titles – Lane succeeds in making the gently miming performances, the real locations and the expressive music soundtrack carry the burden of the film's meaning. To like this a lot you probably need to be able to handle silent movies – though dialogue suddenly breaks out in the final scene, powerfully underlining the film's more serious side. All in all, this is a bold and refreshing experiment and Lane is clearly a talent to watch.

Politics ☆☆☆☆☆
Entertainment ☆☆☆☆☆

Stanley and Iris

directed by Martin Ritt

Life on the factory production line isn't exactly the most popular subject for film-makers. Paul Schrader's *Blue Collar* in 1978 and Karel Reisz's *Saturday Night and Sunday Morning* in 1960 are probably the two most famous attempts to sincerely conjure the dull routines of the shop floor. Based very loosely on the Pat Barker novel *Union Street* – so loosely in fact that the Robert De Niro character



Of love and literacy – Fonda and De Niro as working-class heroes.

Stanley doesn't exist in the original – *Stanley and Iris* manages for most of its length to say a great deal about struggling along just above the poverty line.

In the fictional New England town of Laurel, cosily decrepit and big on checked shirts and white fences, Iris (Jane Fonda) works at a big bakery piping icing onto assembly-line cakes. Stanley works in the factory canteen but then loses his job when his boss discovers he can't read – a revelation for

which Iris is accidentally responsible.

From then on the film is a partially credible but increasingly fantastic documentation of the relationship between the two which develops as she teaches him to read during her spare time. De Niro is always worth watching and here the mixture of confusion and hurt pride he brings to his character's plight is very convincing. Fonda too delivers a persuasive, 'lived-in' blend of good-naturedness and harassed

routine.

The problem is that the movie is so desperate to make itself into a positive romance, ideal mutual learning process and an overall success story that finally it begins to resemble one of those correspondence-school ads on the back of US comics: get some knowledge, triple your income, rise rapidly in your chosen field. With Stanley turning out to be, in the best Ben Franklin tradition, an inventor and mechanical genius on the side, things get much more than a little too easy.

Still, *Stanley and Iris* is well worth catching for the sincerity of its performances and the at least partial originality of its subject matter.

Politics ☆☆☆
Entertainment ☆☆☆

★ STAR RATING

Excellent	☆☆☆☆☆
Very good	☆☆☆☆
Good	☆☆☆
Fair	☆☆
Poor	☆

Reviews editor: Chris Brazier

CLASSIC

Son of the Revolution

... being the inside story
of China's Cultural Revolution

ON the very first evening the Chinese student Liang Heng talked to the American teacher Judy Shapiro, who later became his wife and co-author of *Son of the Revolution*, he poured out the story of his troubles during the ten years of the Cultural Revolution. His mother was called a counter-revolutionary and his father was made to divorce her; his schooldays were postponed as cities all over China exploded into violence; his father was publicly denounced and sent to a reform camp; and Liang Heng and his sisters were sent to labour in the countryside. At the end of that evening, Judy said, she had learnt more about China than in her previous six months there.

Even under China's 'open door' policy a few years ago, young Chinese people were still reluctant to talk about the traumas of the Cultural Revolution. Who would dare tell a foreigner? Who would want to relive such a time of pain? And who could be sure that such secrets could be kept from the spy network still strong in every dormitory and classroom? After two years living and working in China, this book still had a lot to tell me.

Son of the Revolution is a painful book to read, partly because its simple storytelling brings Liang Heng's childhood so vividly to life. If it can be called a childhood, that is: from the nursery where he learned to be 'Chairman Mao's Good Little Boy' onwards, his early life was racked by one political movement after another. The unrelentingness of each succeeding movement, and the thoroughgoing cruelty of former classmates and neighbours only concerned to save their own skins, shapes a nightmare world.

But the book is painful too simply because its figures try so hard to serve the system. The intensity of teenagers' love for Chairman Mao makes them rush to shake the hands of those who have just shaken the leader's hand, 'in hopes of transferring the sacred touch to our own hands... The joy of touching the hand that had touched the hand that had touched the hand was indescribable.'

Bullied, beaten, criticized, indoctrinated, sent to the countryside and sacked from the newspaper job he loved, Liang Heng's father goes on working for Communism even after his health is wrecked. It takes a

lot of gratuitous cruelty perpetrated in the name of dogma to make him criticize the Party, as when the 'Attack the Evil Winds of Capitalism Team' tells the old peasant Guo Lao-da to kill the six 'capitalist' ducks he owns.

"What shall I do? My ducks have supported me my whole life. Do they want us to starve to death to fight Capitalism?"

"Hush," whispered Father. "They could blow out your brains for saying less." Then he spoke softly with him until the fire burned down very low. I was already asleep in the kitchen when Guo Lao-da went out to kill the ducks.'

This book is the true story of a decade in which physical and mental torture became so common that the wonder is not that so many were killed or driven to kill themselves but that so many more survived. On the brink of suicide himself when imprisoned for writing to a friend who had been called a counter-revolutionary, Liang Heng wonders, 'Why should two good people like my parents be forced to divorce each other? Why should (my sister) Liang Fang raise a machine gun against her fellow teenagers? Why did the peasants fear the cadres so terribly if they were representatives of our great Communist Party?... Why had the Revolution given us all so little when we had sacrificed everything for it?' Small wonder that the genuine social achievements of the Revolution came to seem as naught from within this whirlwind.

The events of this book are two decades old now. Do they matter any more? When Liang Heng returned home after living in the US, as related in the sequel, *Return to China*, little had changed. And when he went on teaching practice, Liang Heng found himself transmitting the same old dogma: 'The blind obedience that made the Cultural Revolution possible was being fostered still. No-one was being taught how to think... There seemed to be no way to ensure that the same tragedy would not be replayed.'

Newspaper reports from China say that, after the demonstrations and massacre of Tiananmen Square, the tragedies of enforced self-criticism, betrayal and indoctrination are being replayed now. 'We've been used to this since the anti-Rightist movement in 1958,' observes an elderly economist of great distinction, trained in Germany in the 1930s. 'Our children had to do it in the Cultural Revolution ten years later. But now my grandson – it's really disgusting. He says to me when I'm helping him to learn this rubbish: "It's not true, is it Grandad?" And I say to him: "Shut up, memorize it, get a hundred marks and stay out of trouble".'

Sue Robson

Son of the Revolution by Liang Heng and Judy Shapiro.

ZIMBABWE

Photo: Claude Sauvageot



Leader Prime Minister Robert G Mugabe
Economy GNP per capita \$580 (US \$18,530)
 Currency: Zimbabwe dollar

Exports include tobacco, tea, coffee, gold, asbestos and basic manufactures. Imports are oil, chemicals, machinery and transport. Maize as porridge ('sadza') is the staple food. Other crops include groundnuts, roundnuts, finger millet (for beer-brewing, rural women's main income generator), beans, squash and sweet potatoes. Overcrowding and land exhaustion in the old 'reserves' fuel migrations to drier regions suitable for cotton growing. The government is developing rural 'growth points' to decentralize spending and improve services.

People 9 million

Health Infant mortality 71 per 1,000 live births (US 10 per 1,000)

Culture Shona make up about three-quarters of the population, with Ndebele around 18 per cent. Religion: Traditional ancestral belief co-exists with Christianity of various denominations. Language: National language English; local languages Shona and Sindebele.

Sources: *State of the World's Children 1990*

Last profiled in 1981

ZIMBABWE'S contradictions run deep. While First Street in the capital, Harare, throngs with teenagers trying to look American, most rural Zimbabweans are still proud to be peasants.

Ten years after the end of Rhodesia, business magazines call Zimbabwe 'Independent Africa's brightest hope'. They are paying tribute to Prime Minister Robert Mugabe's policy of reconciliation, which had forestalled the kind of 'white flight' from the commercial sector that helped cripple the modernizing economies of African countries in the 1960s. The price of this pragmatism has been to disappoint those who expected radical changes after Independence.

Zimbabwe's Rhodesian inheritance persists in its barely-changed colonial pattern of land ownership, with the best land used for private commercial farming and cattle grazing. Farmworkers' conditions are still, on the whole, degrading.

The resettlement programme for

peasant families lags far behind its targets. However Zimbabwe has managed to produce huge surpluses of maize, in non-drought years, with a much higher proportion than before grown by peasant farmers encouraged by good prices and improved roads.

There is much to celebrate: thousands of rural clinics have been built, and programmes established to spread information about hygiene and sanitation. Secondary education has been extended throughout the rural areas, and though it is expensive (about Z\$300 or US\$125 per year per child), most parents still pay up: the only expanding job sector is teaching. Zimbabwean pop music has now hit the Western scene, and those who know regard contemporary Shona sculpture as among the world's finest. Since the much-welcomed United Agreement, signed in 1987 between Robert Mugabe's ZANU and Joshua Nkomo's ZAPU, the atmosphere in hard-pressed Matabeleland has been peaceful, and the South African-backed MNR (Mozambique National Resistance) has been pushed back into Mozambique.

Below the surface, however, are severe tensions. Having waited patiently to see the fruits of Independence, people are now asking how their 'daytime socialist' leader can afford to drive brand-new imported cars while 'shortage of foreign exchange' prevents purchase of spare parts for the run-down buses.

In Zimbabwe everyone knows a thousand songs; songs about work, liberation, faith, love, drought and about struggle. Zimbabwe has to juggle the conflicting demands of democracy and livelihood for its peasants with the foreign-exchange addiction of its 'modern' economy.

Maggie Sinclair

At a glance

***** Excellent
 **** Good
 *** Fair
 ** Poor
 * Appalling

INCOME DISTRIBUTION



Improving; minimum wage legislation helps the employed

1981: **

SELF-RELIANCE



Imports oil but some local processing of food, paper, sugar

1981: ***

POSITION OF WOMEN



Traditionally strong but getting worse for majority

1981: ****

POLITICS

'Socialist' but pragmatic one-party state



1981

LITERACY



81% men
 67% women. Universal primary education

1981: ***

FREEDOM



Fluctuates; criticism unwelcome but no widespread repression

1981: **

LIFE EXPECTANCY



59 years (US 75 years) Worse in rural areas

1981: **

ABC

MEMBER OF THE AUDIT
BUREAU OF CIRCULATIONS

CLASSIFIED

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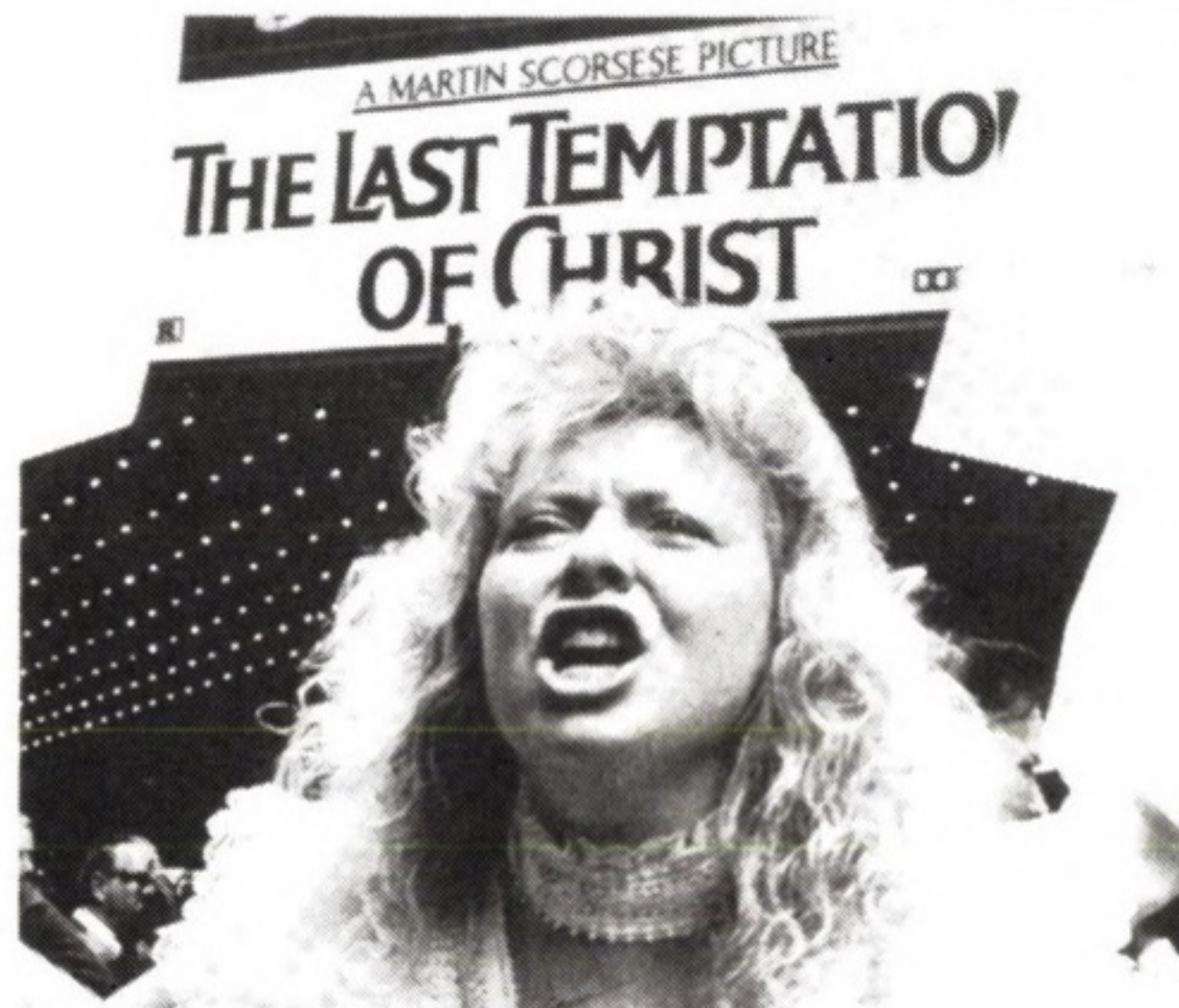
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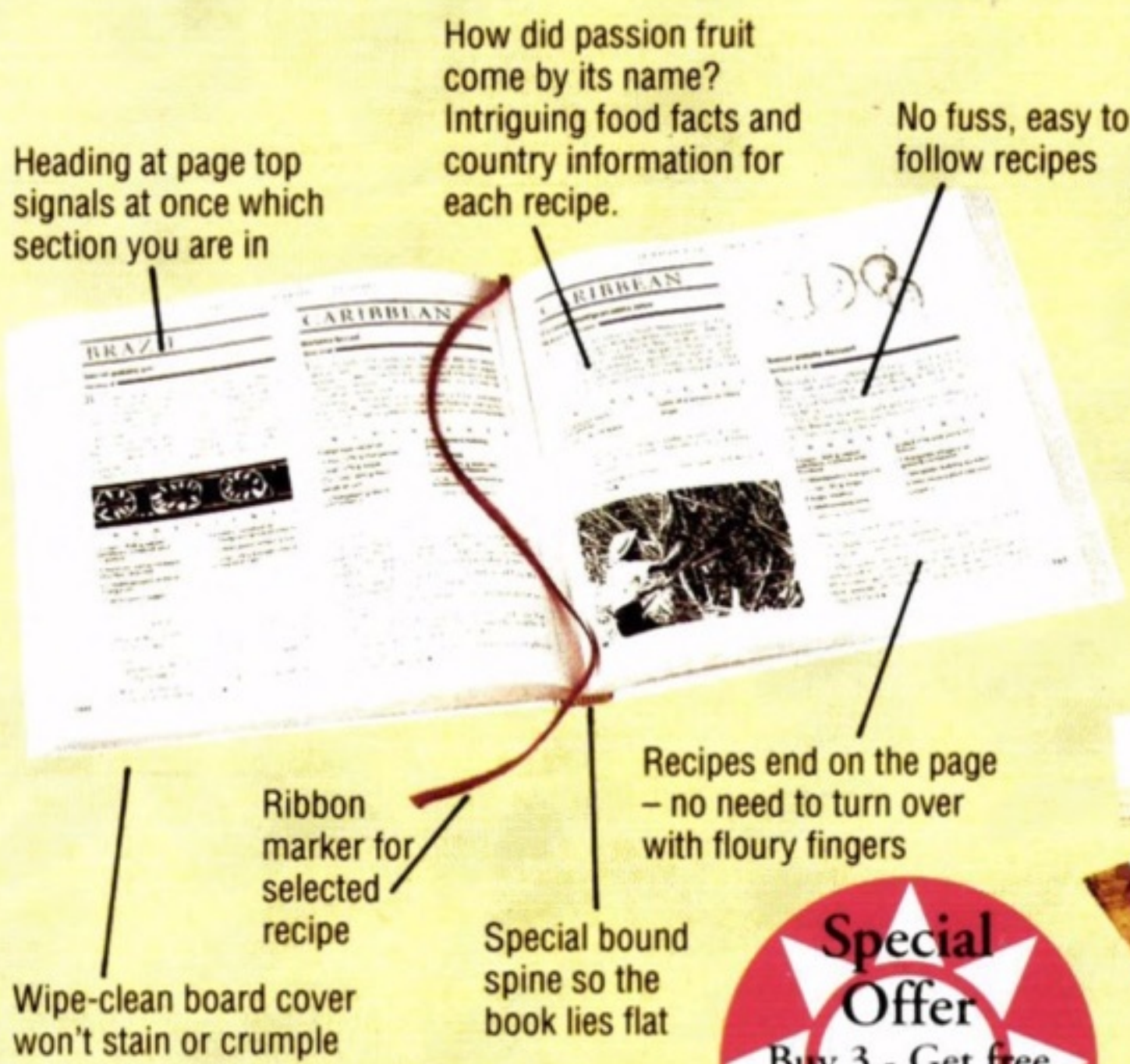


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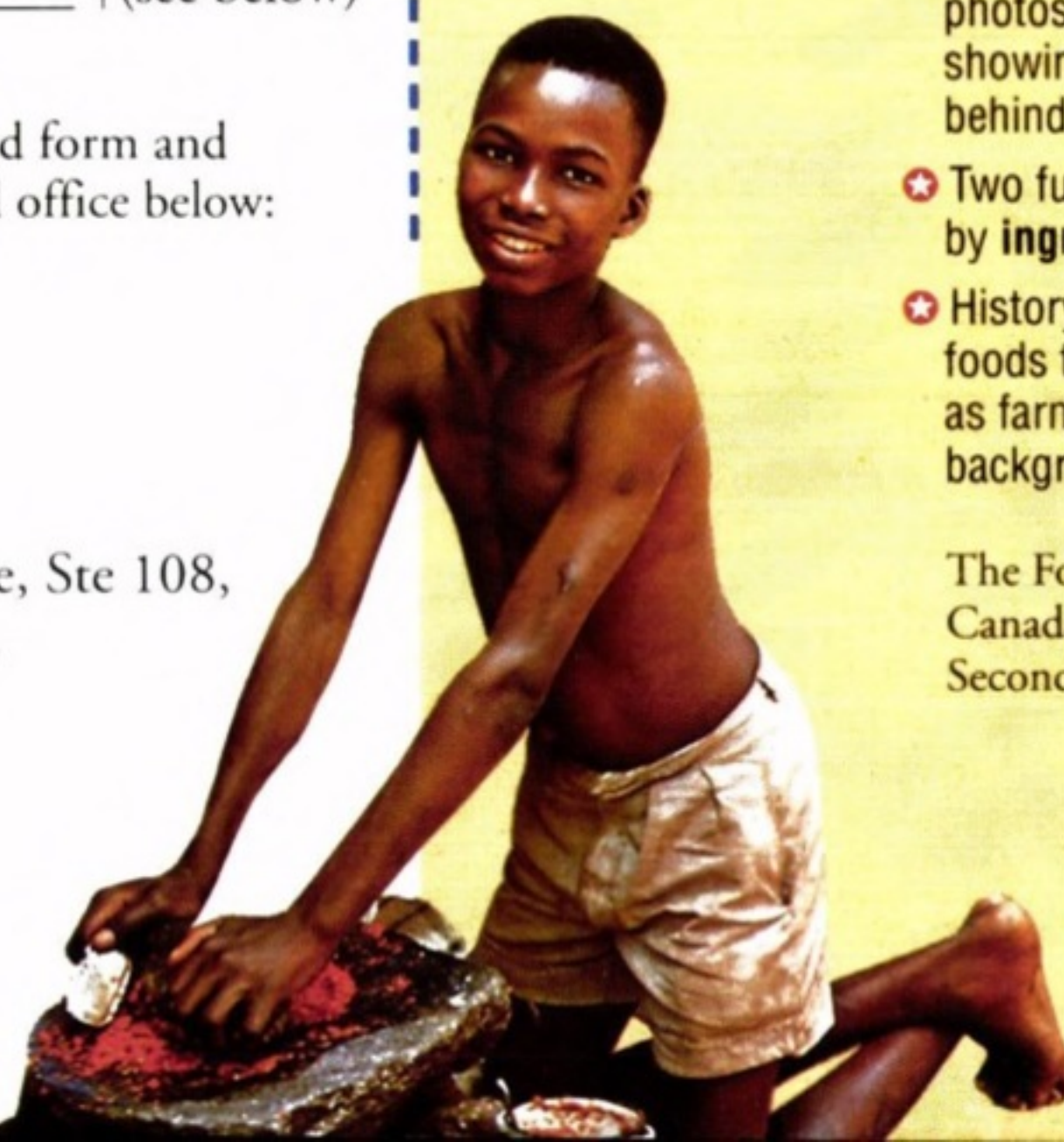
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